CERTIFICATE OF DEATH

5 25			No.				110-1-	ATTACH TO SELECT	THE CALL STORY	1001	a
ead and		PLACE OF DEATH						Where deceased lived,		esidence before	odmission)
uneral deat		Bal	timore		MARYLA	AND	o. STATE Mary	land	b. COUNTY	192/-	6
after		b. CITY OR TOWN (If outside corporate limits		c. LENGTH OF STAY IN			utside corporote limits,	write RURAL or	nd give neorest	town)
by the pages aurit after		write RURAL and	give neorest town)					e Marsh			03-1
HI E SE		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, giv	e street oddress)		d. STREET ADDRESS			6	ON A FARM?
poppe in Z	3	t. Josep	h Hospital,	Towson	, Md. 2120)4	Ebenezer R	load		, у	ES NO
within proportion of which	3.	NAME OF DECEASED (Type or print)	Fir JOH		Middle R.		AFFELD	4. DATE OF DEATH OC	Month tober	Doy 29	Year 19 67
executed will ind campletely remave carbo	S.	SEX Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED DIVORCED		10-31-98	9. AGE (In 68 ost bir	yeors IF L thday) Moi	INDER I YEAR onths Days	IF UNDER 24 HRS. Hours Min.
icate be exec sicion and ca please remain	1Do dur	. USUAL OCCUPATION mg most of working Retired	(Give kind of work dane lite, even if retired)		O OF BUSINESS OR USTRY Ownbusin	ess		y & Stote, or foreign coun		12. CITIZEN OF COUNTRY?	WHAT .S.A.
physician en please aval, and i	13.	FATHER'S NAME			O HILLONDONIA		14. MOTHER'S MAIDEN	NAME			
phy den navo			John R. A	ffeld		10		Ma	ry Smit	th	
attending ph permit. Then ian, ar remav	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 50	CIAL SECURITY NO.	17. 0	NFORMANT		Address		
attendi permit. ian, ar r	[TI	s, no, or unknown)	(If yes give wor or dates o	Service) 21	5-01-5759	M	rs Marie E.	Affeld Eb	enezer	Road M	hiteMars
quires that the death certificate be executed within 24 hours after death physician. Signed by the attending physician and campletel filled in by the funeral burial-transit permit. Then please remave carbon papers, Pages, I and Surial, crematian, or remaval, and in any event, within 72th ours after death		IB. CAUSE OF DEA	EATH (Enter only one cou: TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) My	cardial i	nfar embe	etion - wh		06		RVAL BETWEEN ET AND DEATH
on of		rise to immediat stating the unde	e couse (o), DUE	то.	renary tre	MINE	****				
e law ttendin as bee as th priar t		DADT II OTHER SI	GNIFICANT CONDITIONS CO	(c)	DEATH BUT NOT DELAT	ED TO T	HE TERMINAL DISEASE CO	INDITION CIVEN IN PAR	T 1(a)	119	WAS AUTOPSY
Transport	CATION	PART II. OTHER SI	ONIFICANT CONDITIONS CO								PERFORMED?
rspit reartif red t. of	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	RIBE HOW INJURY OCC	URRED. ((Enter noture of injury in	Port I or Port II of ite	m 1B.)		
o € £ g ≅	MEDICAL	2Dc. TIME OF INJ Hour o.i	JRY Month, Doy, Yeor n. 19	2Dd. INJ While of work	Not While		TE OF INJURY (Home, for ory, street, office bldg., etc		town)	(County)	(Stote)
TENDIN ined by DR: Afte build be the Sta			fy that (P/C(this has eceased alive an	pital) attende 10-29	ed the deceased f	rom_ nd that	10-27 , death accurred a	19 <u>67</u> , ta <u>1</u> 12:28PM, fram	0-29 causes and	, 19 <u>67,</u> th an the date	at≭l) (we) la e stated abav
OR ATTER be retaine DIRECTOR: 3 should led with the		220. SIGNATURE	Killi			1.M	111101	MED. ST. DIRECTOR PH	AFF IYS. 🔯	2b. DATE SIGNI 10-29-	
IAL O	L	22c. PHYSICIAN'S NAME (Type		Tiani/	M.D.			Road, Tow	son, M	aryland	21204
Page 4 m O FUNER, director, should b	230	BURIAL, CREMATION REMOVAL (Specify		REOF	23c. NAME OF CEMET	RY OR	CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
5 5 9 4 4		Burial	11-1-	1967			eran Cemete		441	TOTAL STATE OF THE	Md.
VR A15 (4)	24	. FUNERAL DIRECTO	R		ADDRESS	. 4	362	D BY REGISTRAR		AR'S SIGNATUR	
20 M 1/66	Z	asoko	Funeral 1-	1	401 Belei	R	DATNO	V 1 1967	you	man J	udgz.

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MIIGHTONE	VEARUIGH VIAN	HEOOKDO,	201 141	LILLOIDIN
	CERT	IFICATE	OF	DEATH

Baltingre Notice Royn (f) outside corporate limits, or Leneth of Stay in all controls. Catonsy'ille G. MANE OF HOSPITAL OR INSTITUTION (f) not in hospital, give street address). G. STREET ADDRESS C.	1.	PLACE OF DEATH			(Where deceased lived, If institute b. COUNTY	ution: Residence before admission)
Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) For est Havon Mursing Home Ref. 2. Box d. STREET ADDRESS Ref. 2. Box d. STREET ADDRESS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 2. Box d. STREET ADDRESS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS Ref. 2. Box d. STREET ADDRESS Ref. 3. BANE OF BOCK A FARMS REF. 4. BANE OF BOCK A			MARYLAND	a. STATE		
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) For est Haven Nursing Home Ref. 2, Box 11/. Aiken Of Beers Developed to the Color of Race (1) First Middle Lest (4) DATE Month Out (7) First Month Operation (Glove Race (2) Namerical (1) First Month Operation (Glove Race (2) Namerical (1) Funded 1 (2) Funded 1 (2		Catonsville	6 months	Severna :	Park	
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21. I certify that (I) (this-hospital) attended the deceased from 7, 1962, to 7, 1962, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 6.2 cm, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 32d. ADDRESS 5800 Edmondson Ave. 164, 7, 1042 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						(County) (State)
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222. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 220. PHYSICIAN'S DIRECTOR PHYS. 221. ADDRESS NAME (Type) John Shaw, M. D. 232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 234. LOCATION (City, town or county) (State)			the deceased from			
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REMOVAL (Specify)	-					n or county) (State)
to a light broommount Comptons Raitimone Md	23	REMOVAL (Specify)			, ,,	r or county) (orate)
	_				Baltimore	ISTRAP'S SIGNATURE
24. FUNERAL DIRECTOR Glen Bappress, Md. 21061 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE Kirkley Funeral Home (2) Chair How S. F.	2	F. PUNERAL DIRECTOR Glei	n Burnie, Mi.	STOOT!		

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13273
CERTIFICATE OF DEATH

2 2 2 2 2	6 10										
1. PLACE OF DEAT a. COUNTY		e	MARYLA	AND	2. USUAL RESIDENCE a. STATE Md	DE (Where dec	eased lived, If i b. CDU		sidence bi		ijsslor
b. CITY DR TOV	WN (if outside corporate li L and give nearest town)	mits, C	LENGTH OF STAY		c. CITY OR TOWN (If	outside corp	orate limits, v	rite RURAL a	and give	nearest	town
Garri	Son		3 weeks		Ba	ltimore	9			03	- 1
d. NAME OF HO	SOT DSPITAL OR INSTITUTION (I	f not in hosp	lital, give street add	iress)	d. STREET AODRESS					S RESIG	
Foxlei	igh Nursing Ho	ome			702	28 Yata	aruba Dr	ive	YES	s 🗌 N	XIX
3. NAME OF DECEASED (Type or print)	Annie First	W.	Middle		Albert	4. DATE OF DEATH	Oct. 2	th 23, 196	Day	Year	
5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years last pirthday)	IF UNDER 1			
Female	Cau.	VIDOWED A	DIVORCED		lay 25, 188	8	79 yrs.	Months L	Days	Hours	MIn.
during most of work	TION (Give kind of work done king life, even if retired)	IND	USTRY		11. BIRTHPLACE (Co		or foreign count	ry) 12. CIT COL	IZEN OF UNTRY?	WHAT	
Housev 13. FATHER'S NAM		At	Home		Baltimore						
Intitiat o fini	Conrad Ro	nemer			TT. MOINER'S MAIL	unkno	num num				
15. WAS DECFASED	EVER INU.S. ARMED FORCE		CIAL SECURITY NO.	17	INFORMANT	G WILL	Addr	226			
(Yes, no, or unkown)	(If yes give war or dates of serv	vice)			Donald Le	Blanc			a Dr	ive	
	DEATH [Enter only one ca	/ = 11.			01			Ì		AL BET	
40.00	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Chu	owe la	ain	, Syndu	me			3	and di	Ki
4201	DUE TO	Cereb	ral arteris	in cli	2000						
Conditions, if gave rise to		Hypu	tensive !	Yea	it differe	with	Meen				
cause (a), s underlying cau	stating the OUE TD	nego	cardial n	uci	osis, prob.	in face	ct		Du	ker	wh
PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS	CONTRIBUTI	NG TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL C	DISEASE CON	DITION GIVEN I	N PART 1(a)	19. W	AS AUT ERFORM	OPSY IED?
	F WAS UNDERLYING ☐ FING ☐ CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY	OCCUI	RRED. (Enter nature of	Injury In Pa	rt I or Part II	of item 18.)			
0	INJURY Month, Day, Year	20d. INJU	RY OCCURRED 20	e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f.	(City or town)	(Coun	ity)	(St	ate)
Hour a,	.m. 19	While at work	Not While at work	Iactor	y, street, onice bing., e	10.)					
21. I certi	lfy that (I) (this hospital		the deceased fro		death occurred at		10-24		that		
22a. SIGNATU		1. /		g that	death occurred ay	Jack Ball III	ill the causes	22b. DA			IUUVE
- 1	1710011	nua		M.O.		MED. DIRECTOR	STAFF PHYS.				
22c. PHYSICA NAME (T	AN'S Rafael A.	Perez-	Mera, M.D	•	22d. ADDRESS	7306 I	iberty	Road			
Biles -	OCU. 20,	1967	Cathedra			23d. L0	CATION (City, Baltin		nty)	(Sta	te)
6. Vernon	Temmin. 4611	Park l	ADDRESS Heights Av	. Ba	alto. DATOC		1967 A	Clarle	-		Marie Control

24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers, Passhould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR AIS (4)

71.4 71.4-0 1 ocicu elmanini Pili wood a strum into Lat. Albert to leave 19, 1997 cords the state of the state of the ansold to the second the second the second to the second t egit as (s) - Combo. 215-10-1729 A dry. Someld Saulance, 7070 Arterion water

4. - - 1. - - 10 10 - 11 - 11 - 11

n m while the state of the stat

director, page shauld be filed TO FUNERAL VR A15 [4] 25M 1/67

TO HOSPITAL

24. FUNERAL DIRECTOR

23a. BURIAL CREMATION.

22c. PHYSICIAN'S

NAME (Type)

Burial (Specify) ine & Sons Reisterstown, Md.

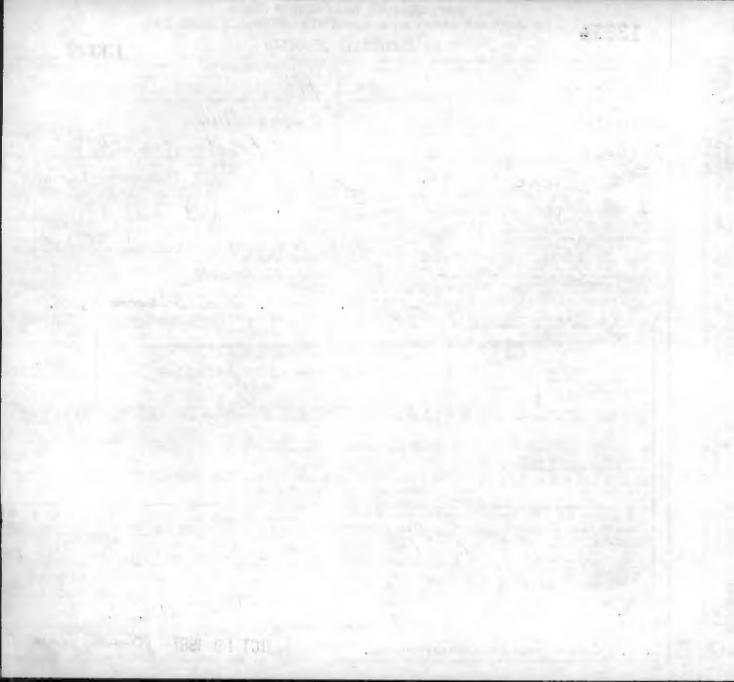
23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Pikesville,

22d. ADDRESS

23d LOCATION (City, of Town)

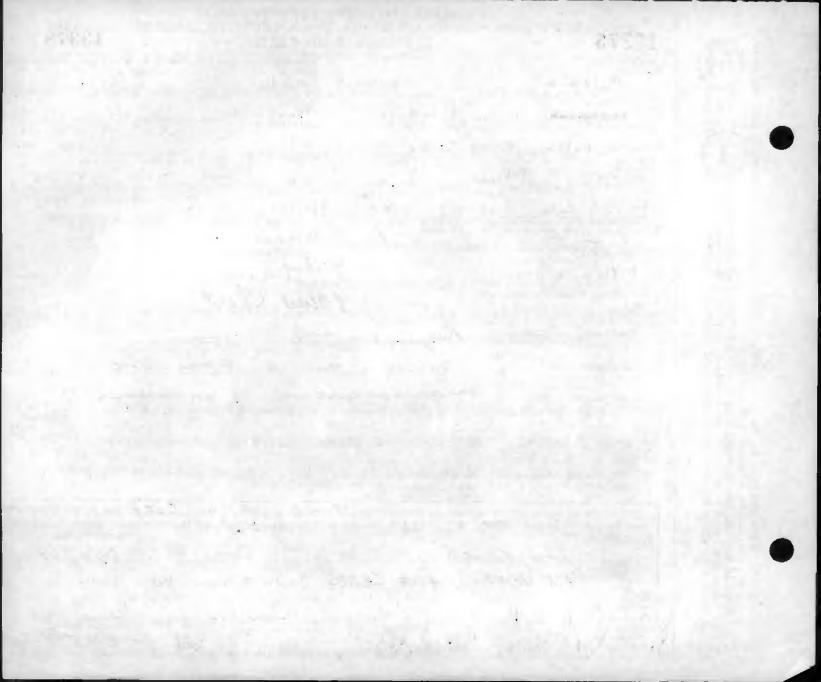


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial the prior the prior to burial the prior to burial the prior to burial the prior the prior to burial the prior to burial the prior to burial the prior the prior to burial the prior the prior to burial the prior the prior the prior to burial the prior the pri

VR AIS

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13378 3375 CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
Baltimore MARYLAND	a. STATE b. CDUNTY					
b. CITY DR TOWN (If outside corporate limits. c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town) 11 days	Barbersulle 02-7					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 0. IS RESIDENCE					
Eventer Bultimore Medial Center	ON A FARM? YES NO N					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
OFFICE (Type or print) Delinda Irene	Allen DEATH Oct 4 1967					
	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.					
F Cauc WIDDWED DIVORCED	2 12 57 last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR during most of working life, even if retired) ANDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN DF WHAT					
strett elem school	Baltimore, Md. CDUNTRYZ.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Melvin K. Allen	Medicon					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes plue war or dates of service)	IN/DPMANT Address					
VO - 1	Their Chart.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DNSET AND DEATH					
1939 OUE TD						
Conditions, if any, which) (b) arrest	due to Entracravial.					
underlying course lost	storma à pretastares (?)					
S PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	IPD ID IAP IPRIKINAL DISPASE COMDITION SITEN IN PART 1181 113. 1189 POTOTOL					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES ND X					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
factor	E DF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)					
P.m. 19 While Not While at work						
21. I certify that (I) (this hospital) attended the deceased from	1-23 , 1967, to Oct 4, 1967, that (1) (we) last					
saw the deceased alive on occ. 4 1967, and that	death occurred at 2.7cM, from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
jadicacho M.D.						
NAME (Type)	22d. ADDRESS					
PIA. YOSEFINA A. GE LADIK	of Greater Bultimore Medical Center					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY	OR CREMATORY 23d, LDCATION (City, town or county) (State)					
15una 10/1/6/ 8 t River	In am Calman Main hit					
ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Drugh Soundward Down Mile	DATOCT 1 0 1967 years gray					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13379CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) within 24 hours after dept COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate write RURA) and give neglect town c. LENGTH OF STAY IN 16 CLTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ours d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 YES NO 3. NAME OF Fifst Middle DATE Manth Lost Year DECEASED OF DEATH 5 (Type or print) PHYSICIAN: The law requires that the deoth certificate be executed S SEX 6. COLOR OR RACE 7 MARRIED AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** move bythdoy) Months Days Hours WIDOWED DIVORCED pyo 100 USUA, OCCUPATION (Give kind of work done K ND OF BUSINESS OR RIHPLACE (County & State, or 12 CITIZEN OF WHAT ar removol, and in ease physician on please ducha most of working life, even it efired) NDUSTRY OILSE WI FATHER & NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, 6) unknown) (If yes give wor or dates of service) buriol, crematian, CAUSE OF DEATH (Enter only one couse per line for let) INTERVAL BETWEEN bariol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) څ Poge 4 moy be retained by the hospitol or offending physicion. DUE TO signed Canditions, if any, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse prior to lost. 0 hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION Stote Dept. of Heolth NO 4certificate YES [20a. ACC DENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour e.m. While Not While factory, street, affice bldg., etc.) O FUNDAME DIRECTOR: After of work ot work 21. I certify that (I) (this haspital) attended the deceased fram. __, that (I) (we) last be filed with the 19 67, and that death accurred at 1 1 M, fram causes and an the date stated above saw the deceased alive an___ 220. SIGNATURE 22b DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 230 RURIAL CREMATION. 23c. NAME OF CEMETERY OR (State) (County) REMOVAL (Specify) 2Sa JEC'D VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tyled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with the State Dept. of Health prior to burial, cremation, are removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66 337

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY						
	Baltimo	re		MARY	LAND	Maryland						
	LITY OR TOWN (If outside carparate limits,		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)					vn)	
	Towson	give neciest town,				Balti	more	#2	1213			
-	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)					d. STREET ADD						RESIDENCE I A FARM?
	St. Joseph Hospital					4005 A	rdley	Aven	ue		YES	□ NO 💂
	NAME OF	MICH		JOSEPI	7	Last		4 DATE	Month		Day	Year
	DECEASED (Type or print)		Y BOY	JOSEPE	1	AMRHET	N	OF DEATH	Octobe	r	15	1967
5.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	42	B DATE OF BIRTI				Months D		INDER 24 HRS.
1 3	Male.	White	WIDOWED	DIVORCED		Septemb	er 12	2*67	Åtz	1	3	1
10a	LSUAL OCCUPATION	I (Give kind of work done		D OF BUSINESS OR		11 BIRTHPLAC			eigh country)		EN OF WH.	AT
duri	ing mast af warking	life, even if retired)	INC	USTRY		D-21-1		26 2		COUN	ITRY?	
L.	none			none		Baltim	ore.	Maryl	and		U.S.	A
13.	FATHER'S NAME					14. MOTHER'S	MA-DEN NA	1ME				
	John I	3. Amrhein				Anna M	L Kuc	hta				
15.	WAS DECEASED EVE	R IN J.S. ARMED FORCES? (If yes give war or dates of	16. 5	OCIAL SECURITY NO	17. 1	NFORMANT			Address	\$		
(16	s, na, ar unknawn)	(li yes give war ar dales al	zervicel		F	ather,	abo	ve				
	18. CAUSE OF DE	ATH (Enter any one cous										L BETWEEN IND DEATH
	FART I. DEAT	IMMEDIATE CAUSE (0)	Multiple m	alfo	rmation	15				0.102.17	
	1512	DUE 1								-		
	Canditions, if any	which gave)	63									
	rise to immediat	a course feet	p)								_	
	stating the unde		U									
	last.	,	(c)									
TION	PART 11. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DIS	SEASE COND	ITION GIVEN	I IN PART 1(a)		PÉRE	AUTOPSY FORMED?
Ş	20g ACCIDENT WA	CHADINING FT	205 000	CRIBE HOW INJURY OF	CHODED	(Enter pature of	inuov in De	art Lor Port	II of dom 181		1	<u> </u>
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200 OE.	KKIDE HOW HUNK! O	CORKED.	(cities itolore of	injury in re	an i di run	ii ui meni no.)			
MEDICAL	20c TIME OF INJU	JRY Month, Day, Year	20d 1N	JURY OCCURRED	20e PLA	CE OF INJURY (Ho	ome, form,	20f	(City or town)	(Count	ry)	(State)
윤	Hour a.r	n.	While	☐ Not While ☐	fact	ory, street, affice b	bldg., etc.)					
~	p.r		at wark							- 7		
H	21. I certi	fy that (the this hose	oital) attend	led the deceased	fram <u>Se</u>	ptember	12 19	<u>67</u> , to	October	<u> 1967 جـ 1</u>	Z , that I	(⅓\$ (we) last
	sow the d	eceased alive on De	tober	15_1967_,	and tho	t deoth occur	rred ot <u>I</u>	1:45.M	, from couses o	nd on the	date st	oted obove.
	22a SIGNATURE	0 8	(1	/						22b DATI	ESIGNED	
		1	wek!	9-1	LM			AED. DIRECTOR	STAFF PHYS.	10	0-15-	67
	22c. PHYSICIAN S					22d ADDR						
	NAME (Type	Reynaldo C	rijuela	- Gomez,	M.D.	7620	York	Road,	Towson,	Md. 2	21204	
230	BURIAL, CREMATIC	ON, 23b DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY		23d LOC	ATION (City or Tow	n) (C	ounty)	(State)
	BUTISH	10/16,	/67	Holy Re	edee	mer Ce	m.	Bal	timore.	Md.		
24				ADDRESS				BX REGISTRA		SID DIGITALIZA	NATURE .	
	Schimu	nek Funer	at Hor	ne, inc.			U.T. U	6	1901	y Alon	HOW S	udge
L	333	1 Brehms 1	Lane			U	DATE			/		4



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

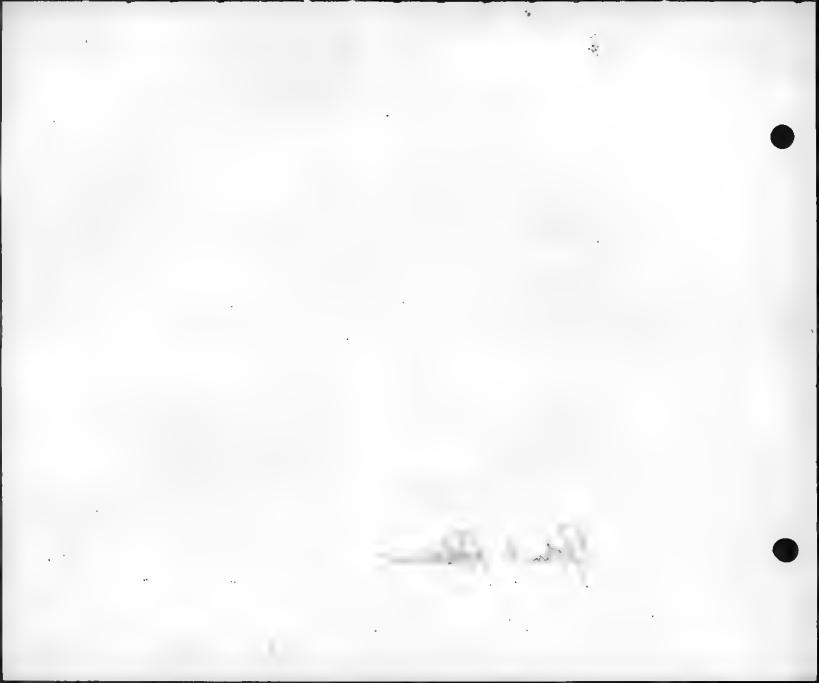
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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
13378 CERTIFICATE OF DEATH	13381

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 4. STATE b. COUNTY				
Baltimore MARYLANO	MB				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
Towson 1 day	BALTO.				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE				
Greater Baltimore Medical Center	118 W. 25 IB ST. ON A FARM?				
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year				
	Anderson DEATH 10 31 1967				
	9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HRS.				
Male White WIOOWEO DIVORCEO	7/30/08 last birthday) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired) CHALLFEEA NOUSTRY	W. J.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	2				
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address				
(Vet. no. or imbown) I/If we nive war or dates of service)					
NO 053-05-7582	Patient's Chart				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. OEATH WAS CAUSED BY: Massive pulmonary	y embolization Onser And Death				
DUE TO					
Cenditions, if any, which Carcinoma of lung	g e				
gave rise to immediate (
underthing course lest					
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY				
E SAL II. O'II ER SIGNI I DAN'I DON'I DON'I DON'I DON'I DON'I DON'I DON'I REDA	PERFORMEO?				
2 AND MARKET WAS UNDERSTANDING STANDING AND ASSAULTS AND	YES X NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO SEATH BUT NOT REL	RREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.)				
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Hour a.m. While Not While p.m. 19 lat work at work	y, street, office bldg., etc.)				
21. I certify that (i) (this hospital) attended the deceased from 10	/30 , 19 67, to 10/31 , 19 67, that (1) (we) last				
saw the deceased alive on 10/31 19 67, and that	death occurred at 2:55 M, from the causes and on the date stated above.				
22a, SIGNATURE	am (22b. OATE SIGNEO				
1/2 3 //	ATTENDING MED STAFE				
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. x 10/31/67				
NAME (Type)					
John E. Adams, M.D.	6701 N. Charles Street				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 11/3/67 LOUDON P					
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Port E. Cherowol 3/17 plestines 4.	1007 001 0 0				
361100	OATHOV 6 1961 fairles Judge				

VR AI5 (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	13379
er deat	D. COUNTY
24 hours after the hours after hours after n 72 haurs n 72 hau	b, CITY OR TOWN (write RURAL and
in b	d. NAME OF HOSPIT
	1271 1
executed within to campletely full emave carbon board carbon board end to carbon board.	3. NAME OF DECEASED (Type or print)
rriticate be executed wir physician and campletely an please remave carba ival, and in any event, w	s sex Female
be ey n and e rem fin an	10a. JSUAL OCCUPAT ON during mast at working
rincate be physician ar an please r rval, and in	Housewife 13. FATHER'S NAME
rr de s	

13382 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before pdm.ssion) p. STATE b. COUNTY Baltimore Maryland MARYLAND Baltimore f autside carparate limits, give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If guitside carparate emits, write RURAL and give negrest town) Arbutus Arbutus AL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Maple Ave. 1271 Maple Ave. YES NO X 21227 First Middle Last 4 DATE Month Year OF DEATH Addie Augsburger October 1967 23 IF UNDER 6. COLOR OR RACE LYEAR IF UNDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthday) Manths Days WIDOWED DIVORCED June 3, 1894 White 12 CITIZEN OF WHAT COUNTRY? (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) ife even if retired) INDUSTRY Maryland USA 14. MOTHER'S MAIDEN NAME Lottie MacAbee Joseph Foreman 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates of service) 21227 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Isabel Neighoff, 1271 Maple Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) INTERVAL BÉTWEEN INSEL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying couse 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Crty or town) (County) (Stote) factory, street, affice bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from_ saw the deceased alive an CR and that death accurred from causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) A. Bradley Daugharthy 1264 Francis Ave. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify)
Burial 10/26/67 Stevensville Stevensville Cemetery Kent Md. 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Howard H. Hubbard, 4107 Wilkens Ave. 21229

Ochandas Jus

DINICTOR: director, page VR A15 (4) 25M 1/67

burial-transit permit. Th burial, crematian, or rem

mgmed by the burial-transit

The law requires that the death

ATTENDING PHYSICIAN:



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuberal director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Peges 1 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, ar remarkl, and in any event, within 72 hours-effet death.

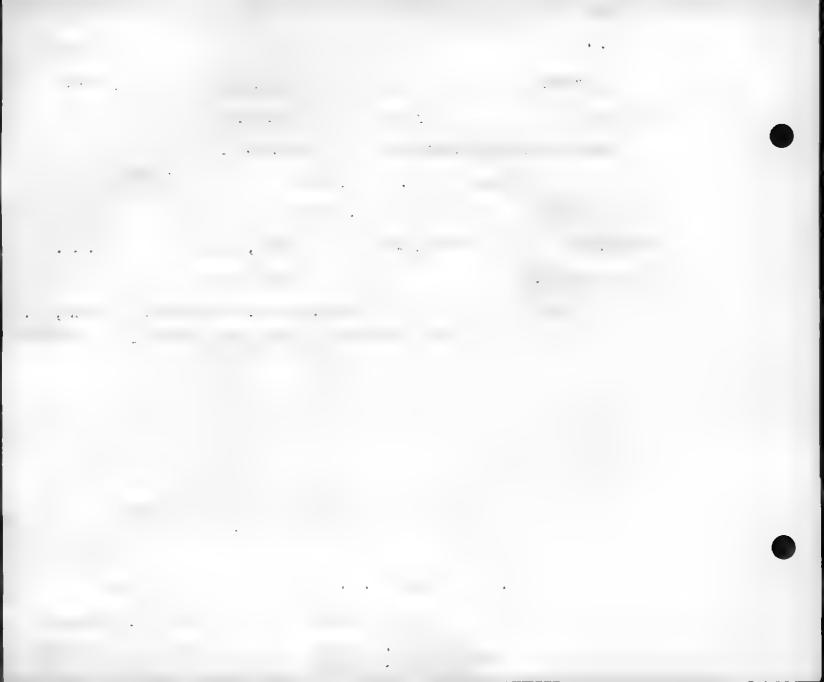
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

DIVISION OF VITAL PECOPOS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

	200	DIVISION	OI VIIAL	•		OF DEATH	OKL, MAKII	MND 21201		T 121	1427	
1	PLACE OF DEATH						Nilhan Jasasa	lined of mediana	nea Desident	A a Ju	ניי נ	
	a COUNTY	LITIMORE		M	ARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE MARYLAND b. COUNTY WICOMICO						
	b CITY OR TOWN (f outside corporate limit	5,	c. LENGTH OF STA	Y IN 1b	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	FORT HOW	(give neorest town)		13 DAY	78	QUAN	TICO		-			
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS					IS RESI	
	VETERANS ADMINISTRATION HOSPITAL					RFD 1, B	ox 22				ON A F	NO X
	NAME OF DECEASED	Ł	irst	Middle		Lost	4. DATE	Mont		Doy	Ye	
	(Type or print)	GEO	RGE	W-		AUSTIN	OF DEATH	OCTOBE	IR	19	19	67
S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARS	RIED 🔲	B. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1		IF UNDE	
	MALE	NEGRO	WIDOWED	DIVOR	CED 🔣	7/16/18		9 yrs	months	Doys	Hours	Min,
	USJAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& Stote, or forei	gn country)		IZEN OF	WHAT	
T	RUCK DRI	VER	TRU	CKING COM	PANY	QUANTICO	. MARYI	AND		INTRY? U.S.	Α.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
L	WILLIA	M AUSTIN				SARA	H CHURC	H				
		R IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO). 17 1	NFORMANT		Addre	222			
(10	YES	WW II		19 07 62	33 C	LIN RECORDS	. VA HO	SPITAL.	FT HO	WAR	D N	ATT.
	IB. CAUSE OF DI	ATH (Enter only one co	use per line to	r (o), (b), and (c).)						INTE	RVAL BET	
		TH WAS CAUSED BY IMMEDIATE CAUSE	(o) CARC	INOMA OF I	RECTU	WITH WIDES	PREAD N	METASTAS	SIS	T	4KWO	WN
	10 1%	DUE	10									
	Conditions, if ony	which gove	(b)									
Ш	rise to immediat stating the under		TO	_								
Ш	lost.)	(c)									
TION	PART IF OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		1	WAS AUTI	ED?
FE	2Do ACCIDENT WAS	TINDEDI AINC 🗀	20h D	ESCRIBE HOW INTERP	OCCUPPED	Enter noture of injury in	Post I or Deet II	of item 10 \		Yt	s 🔲	NO 🔼
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 0	ESCRIBE HOW INSURT	GCCURRED.	cinei noine oi mury li	rom i di rem ti	or nem 16)				
MEDICAL	20c TIME OF INJE Hour on	IRY Month, Doy, Year		NJURY OCCURRED	20e, PLA	E OF INJURY (Home, form	n, 20f (City or fown)	(Cou	nty)		(Stote)
¥	p.r	10	White of wor			ory, street, office bldg , etc.	'					
		y that (x (this has				10/6/67 death accurred at		10/19/			of (B)C(
	220 SIGNATURE	Accosed dilve dil	~		, dira mai	acam accorded as	ALTERNATION OF THE SECOND	ildin (doses	22b DA			I GDGV
	do	190 5	1/2/1	17 h	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF DE		/19		
	224 PHYSICIANS	e children	1	Ser		22d. ADDRESS	DIRECTOR C	a (1113) gg		447	191_	
	WAME (Tybe)	GEORGE C	MC E	LFATRICK,	M. D.	VAH FOI	RT HOWA	RD, MAR	YLAND			
230	BUR AL, CREMATIC REMOVAL (Specify BURTAT	10/23		23c NAME OF CE	Y CEM		· 23d. LOCA	TION (City or To		County)	,	tote)
74	FUNERAL DIRECTO		1	ADDRESS	I CEPU		D BY REGISTRAR	QUANTI	CU MAJ			
11	1,1	= O.t.	/ -//G	LINION'S.	STEW	ΔR/II			Tions	-	40 30 00	2
6	my	er, XLL	1 6-05 11	ALISBURY,		TO DATHER ET	1251	961 X	- C	0	0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

<u> </u>		CERTIFICATI	E OF DEATH		13384
DATOTACO			TATE	1 00111	
		MARYLAND			ri .
f outside corparate imi	ts,	c LENGTH OF STAY IN 15	c CITY OR TOWN (If or	utside corporate limits, write RUI	RAL and give nearest town)
HOWARD		6 DAYS	BAL	TIMORE	/
L OR INSTITUTION (If n	rat in haspital, j	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
ADMINISTR	ATION H	OSPITAL	1525 POPA	INO STREET	YES NO T
		Middle	Last	4 DATE Mont	th Day Year
HART	RY	SPEPHEN	PAKIN		BER 6. 1967
6 COLOR OR RACE			8. DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS
WHITE	WIDOWED	DIVORCED	3/4/95	72 vrs.	Manths Days Hours Min
(Give kind of work done					12. CITIZEN OF WHAT
ite, even if retired)	FI S	DUSTRY CITARD			COUNTRY?
	10,0	o done		NAME	UADANA
BAKUN			USTENA DI	LEVAR	
R IN ILS ARMED FORCES?	16	SOCIAL SECURITY NO 17		Addre	ess
(If yes give wor ar dates	of service) 21	3 05 57 37 01.	INICAL RECOR		
ATH (Enter only one co				, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
H WAS CAUSED BY-	CAR	CINOMA OF ESOP	HAGUS		MONTHE DEATH
	PHILI	MONARY EMPHYSE	MA		TEARS
	. /				
ying couse	(c) MAI	INVERTITION DUE	TO CARCINO	A OF ESOPHAGU	S MONTHS
INIFICANT CONDITIONS					19 WAS AUTOPSY
				(4)	PERFORMED? YES NO IX
UNDERLYING 🗆				Part I or Part II of item 18.1	
CAUSE OF DEATH			(The state of the s	
,	20d 11	NJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form	n. 20f (City or town)	(County) (State)
1.	A445-25-	Mark Markett			(
Je	enital) attenu	ded the decored from S	SRPTEMENT 30	067 COTOBER	6 1067 that 412 June 16
ceased alive and	CTOBER	6 19 67 and the	at death accurred at	2:10AM from couses	and an the date stated above
O/	00		a double day of the		22b. DATE SIGNED.
72000111	101	A V D A M	D. PHYS	MED. STAFF	// //-
1	- 672		22d. ADDRESS		
GEORGE! I	JUDAS, 1	M. D.	VAH FOR	r Howard, Mary	LAND
N, 23b DATE TH	IEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	wn) (County) (State)
DCT. 9.	1967	BALTO. NATTON	IAL CEMETERY		MLEND
		The second of th			
John	1.0	OO PENNINGTON	A TYPE 2Sq. REC'I	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE
	HOWARD AL OR INSTITUTION (If In ADMINISTR HAM 6 COLOR OR RACE WHITE (Give kind of work done life, even if retired) BAKUN RIN US ARMED FORCES? (If yes give wor or dates WHITE ATH (Enter only one colling the was Caused By- IMMEDIATE CAUSE Which gave e cause (o), dying couse CHOMERLYING DECAUSE OF DEATH MEDICAL EXAMINER) IN 19 Y that (b) (this has beceased alive an Caused In Caused	BALTIMORE If outside corporate imits, give nearest town) HOWARD AL OR INSTITUTION (If nat in haspital, ADMINISTRATION H First HARRY 6 COLOR OR RACE 7 MARRIED WHITE WIDOWED (Give kind of work dane life, even if retired) If you have a cause per line for the was caused by the cause (a), the cause (b), the cause (b) the cause (b), the cause (c), the cause (c), the cause (c), the cause (c), the cause (d),	HALTIMORE If outside corporate imits, a que necrest fown) HOWARD AL OR INSTITUTION (If not in hospital, give street address) ADMINISTRATION HOSPITAL, Inst HARRY STEPHEN 6 COLOR OR RACE HARRY WIDOWED INDUSTRY U.S. COAST GUARD BAKUN RIN US ARMED FORCES? (If yes give wor or dates of service) WHITE WIDOWED INDUSTRY U.S. COAST GUARD BAKUN RIN US ARMED FORCES? (If yes give wor or dates of service) WILL ATH (Enter only one cause per line for (a) (b) and (c)) HI WAS CALSED BY- IMMEDIATE CAUSE (a) Which gove e cause (o). Hying cause (c) MALNUTRITION DUE SOLIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO MALNUTRITION DUE SOLIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO While at work of the wor	BALTIMORE Salar Mary Comparate Mary Mary	BALTIMORE MARYLAND C USUAL RESIDENCE (Where deceased leved, if institut of STAY IN 15 to STATE MARYLAND LOUISIDE corporate umits, give norms frown) ADMINISTRATION HOSPITAL, First Middle HARRY STEPHEN ANGEL OLOR OR RACE TO MARRIED MIDDISTRY WHITE WIDOWED DIVORCED DIVORCED JAL OR INSTITUTION ADMINISTRATION HOSPITAL, First Middle HARRY STEPHEN BALTIMORE ADMINISTRATION HOSPITAL, LOST JAL DATE HARRY STEPHEN BALUN BALTIMORE Man HARRY STEPHEN BALUN BALUN BALUN BALUN BALUN BALUN BALUN JOHN HOSPITAL GEVEN MARRIED JOHN KIND OF BUSINESS OR INDUSTRY U.S. COAST GUARD IL MOTHER'S MAIDEN NAME USTENA DULEVAR WHITE WIDOWED JOHN STEPHEN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUUS ARMED FORESS IL SETHIPLACE (County & State, or foreign country) RUSSIAN BAKUN RUSSIAN DULEVAR RUSSIAN ADDITIONAM OF ESOPHAGUS WHITE WAS CAUSED BY- (a) WHITE WIDOWARY ADDITIONAM OF ESOPHAGUS BETTITS, CHRONIC DEATH SLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BETTITIS, CHRONIC DEATH SLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BETTITIS, CHRONIC DEATH SLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BETTITIS, CHRONIC ON TREBUTING TO DEATH SLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BETTITIS, CHRONIC ON TREBUTE OF TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BETTITIS ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BORDER ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BORDER ON THE TERMINAL DISEASE CO

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and complete director, page 3 should be detached far use as the buriol-tronsit permit. Then please remove cother should be filed with the State Dept. of Health prior to bur al, cremation, or removol, and in any event,



13382 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b** COUNTY Baltimore Maryland b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give pearest town) Lansdowne Kingsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS Kingsville, Md. 219 Elizabeth Ave. Mt. Calvert Springs Motel, Rt.1 NAME OF Middle Last 4 DATE pau DECEASED Pearl Eileen Bauer October (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED [2 8 DATE OF BIRTH 9 AGE (In years **NEVER MARRIED** 46st birthdoy) 1/4/18 DIVORCED Female White WIDOWED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Maryland Housewife 14, MOTHER'S MAIDEN NAME removal, - - - - Schultz Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address il-transit permit. (Yes no, or unknown) [(If yes give wor or dates of service) None Mr. Charles J. Bauer, Mt. Calvert Springs Motel, Rt. 1, Kingsville an Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TOM GIVEN IN PART 1(6) has FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: 2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dx TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) Not While factory, street office bldg, etc.) ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 19 ____, and that death occurred at 1243/M, fram causes and on the date stated above 6.667 saw the deceased alive an. 220 SIGNATURE M.D. DIRECTOR 22d. ADDRESS PHYS CIAN S NAME (Type) Marvin Sager 3904 S. Hanover St.

directar, shavid b

230 BURIAL, CREMATION

ADDRESS 24. FUNERAL DIRECTOR Hubbard Funeral Home, 4107 Wilkens Ave. 21229 DATECT

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

23b. DATE THEREOF

10/27/67

2So REC'D BY REGISTRAR

23d 10CATION (City or Town)

Ritchie Hgwy.

256 REGISTRAR'S SIGNATURE Orlinale, Ja

(County)

Arundel

(County)

22b DATE SIGNED

13385

Baltimore

25

12 CT ZEN OF WHAT COUNTRY USA

e IS RES DENCE ON A FARM?

YES NO

Year

1967

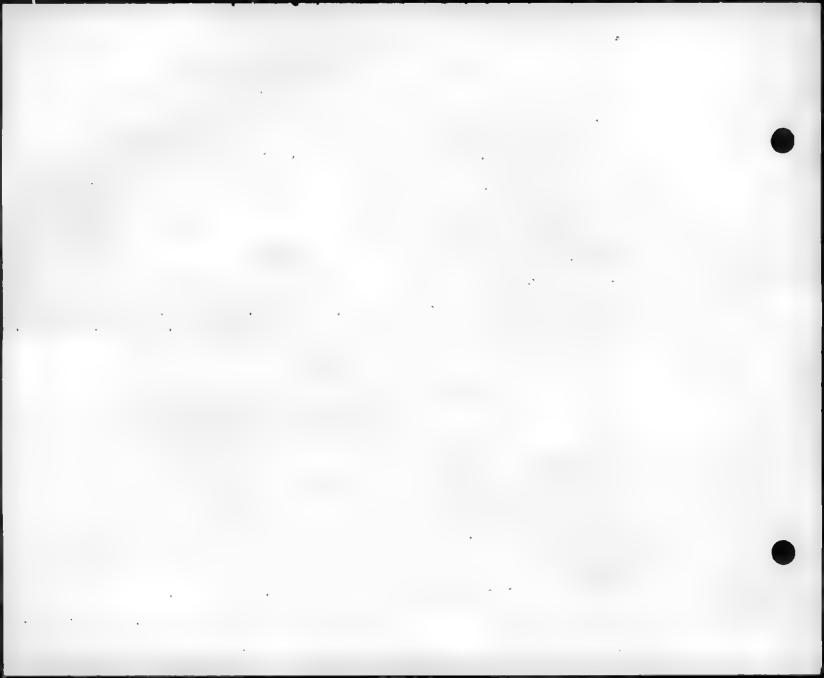
1F UNDER 24 HRS

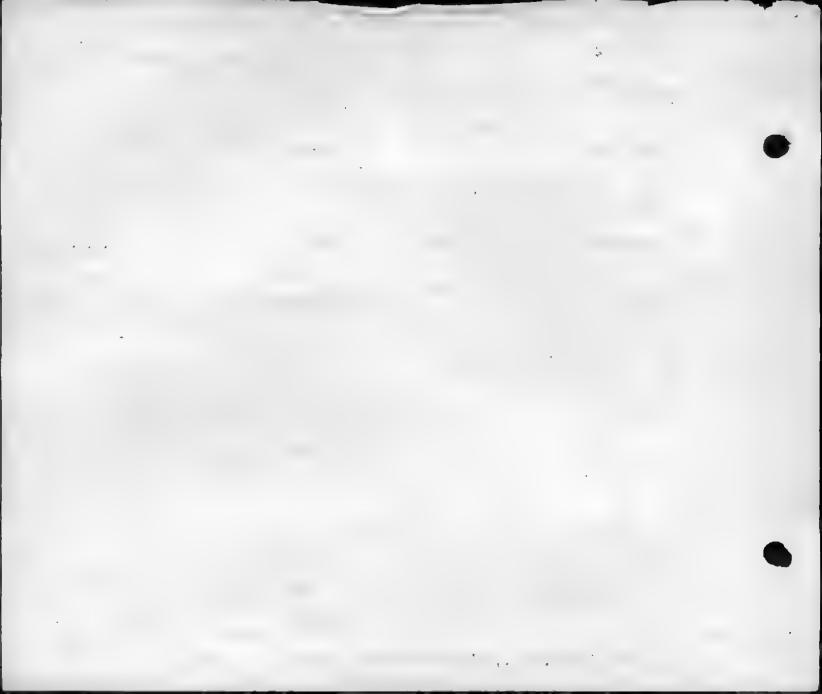
19 WAS AUTOPSY PERFORMED?

19____, that (1) (we) last

NO

(State)





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

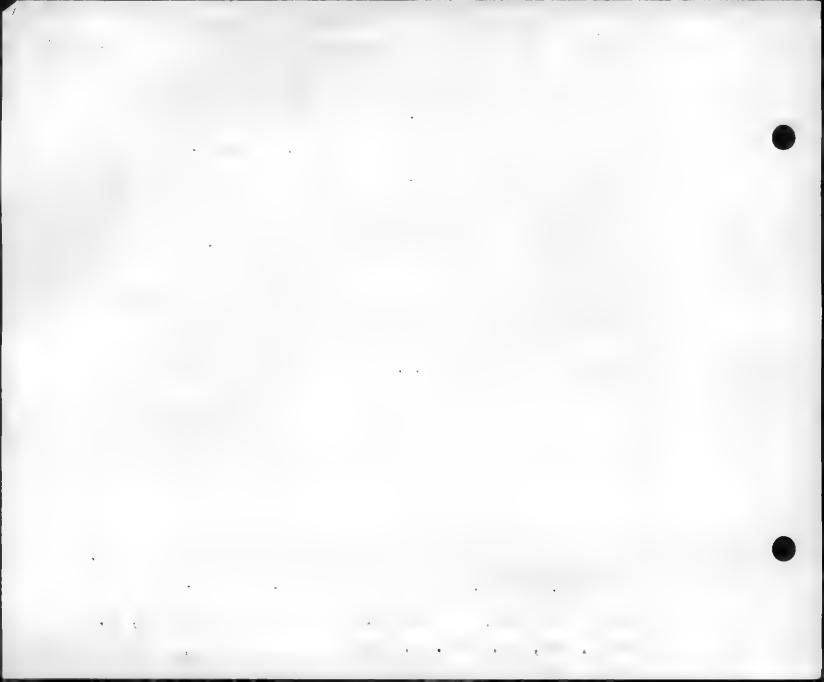
13384

CERTIFICATE OF DEATH

13387

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institu	tion: Residence before admission)					
	O. COUNTY BALTIMORE	MARYLAND	o. STATE Maryland b cou	NTY					
	b. CITY OR TOWN (If outside corporate limits, rwite RURAL and give nearest town)	Lyr.5mo.	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
	d NAME OF HOSPITAL OR INSTITUTION (If not in Stella Maris Hospice		d STREET ADDRESS 203 St. Dunstans Rd.	e IS RESIDENCE ON A FARM? YES NO PS					
3	NAME OF First	Middle							
	(Type or print) Emelha	М.	Bell OF Oct.	27 167					
5	Warran White	MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9 AGE (In years 80% birthdoy) yrs.	Manths Days Hours Min					
10 du	o USUAL OCCUPATION (Give kind of work done uring most of werking life event retiged)	10b KIND OF BUSINESS OR INDUSTRY	11.BIRTHPLACE (County & State or foreign country) Baltimore, Md.	12 CIT ZEN OF WHAT COUNTRY? USA					
13	FATHER'S NAME Christian F.Richter		14. MOTHER'S MAIDEN NAME Mary Beck						
15	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no., or unknown) (If yes give war ar dates of ser	16. SOCIAL SECURITY NO 17.	NFORMANT Add	ess Ls Hospice					
	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), ond (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary Thrombosis								
	Conditions, if ony, which gove by A.S.C.V.D.								
	rise to immediate cause (a), storing the underlying couse (c) (c)								
ATIO₩	PART II OTHER SIGNIFICANT CONDITIONS CONTR	19. WAS AUTOPSY PERFORMED? YES NO (25)							
CERTIFICATION	(II CHITICK, INCHE I MEDICAL EXAMINEK)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part 1 or Part 11 of item 18)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		ACE OF INJURY (Hame, farm, clary, street, affice bidg., etc.)	(County) (State)					
	21. I certify that (1) (this hospital saw the deceased alive an Oct	l) attended the deceased fram	at death occurred at 1;15 M, from couses	and an the date stated above					
	220 SIGNATURE MD. ATTENDING DIRECTOR DIRECTOR PHYS DATE SIGNED Oct. 27,67								
	22c. PHYSICIAN'S NAME (Type) R. J. MAHON, P.	D.	2 22d. ADDRESS 2 4,E. Joppa Rd.						
23	Burial (REMATION 23b DATE THEREO 10/30/67								
7	24. FUNERAL DIRECTOR Leonard J. Ruck, Inc.	ADDRESS	25a. REC D BY REGISTRAR 25b R	EGISTRAR S SIGNATURE					
			DATE OCT 3 1 1967	Representative Autorities					

y the funeral Pages 1 and 2 ours ofter death. TO ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely field in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 272. VR A15 (4) 25M 1/67



49988

300	100	LERITFICATE OF DEAT	DICAL EXAMINER'S	WFD	2000
e adm ssion)		2 USUAL RESIDENCE (Where deceas	***************************************		PLACE OF DEATH
more	b. COUNTY Baltim	o STATE Maryland	MARYLAND	imore	o. COUNTY Bal
		c C TY OR TOWN (If autside corpara	C LENGTH OF STAY IN 16	utside carparate limits,	b CITY OR TOWN (IF
	,	Dundalk	Hours		Sparrows
e IS RES DENCE	e	d STREET ADDRESS		OR INSTITUT ON (If not in haspital, i	
ON A FARM?	7.	1719 Melbourn	giro siros. Badioss,	spensary	Plant D.
YES NO NO			Middle	First	3 NAME OF
Year 19 67	Oct. 17-	Dont Ch. OF	M	Jehn	DECEASED
F UNDER 24 HRS.		D-011111		COLOR OR RACE / MARRIED	(Type or print)
Haurs Min.	st birthday) Months Days 32 yrs	4-21-35	DIVORCED	White WIDOWED	Male
S-A-	y) 12 CIT ZEN OF V COLNIES 2	11 BIRTHPLACE (State or fareign co	OND OF BUSINESS OR NOUSTRY NIPOLOGO	even if retired	Oa USUAL OCCUPAT ON (furing most of working lift Ship! it
		14 MOTHER'S MAIDEN NAME	0.	Steel Co	13. FATHER'S NAME
		Edna Lucas		George Bent	
. 07.000	Aducess a man man	FORMANWife)	. SOCIAL SECURITY NO 17	U.S. ARMED FORCES? 16.	15. WAS DECEASED EVER
	Abundalk, Md	s. Carelyn Bent.	I. Jan 1(Jan () () ()		(Yes, na, or unknown)
WAS AUTOPSY	DADT 1(a) 10 V	HE TERMINAL DISEASE COND T ON GIVE	TO DEATH BUT HOT DE ATED TO	ause (a), DUE TO (c)	Conditions, if ony, is nse to immediate stating the underly last.
PERFORMED?	YES				CATION TAKE I OTHER STOR
		inter nature of injury n Port I or Port r by Straddle tru		WAS IBUT NG D	200 EXTERNAL CAU PRIMAR TO CONT (AJSE OF DEATH 200 TIME OF INJUR Hour am
Co. Md.	ty or town) (County) arrows Pt. Balto		INJURY OCCURRED 20e PLA e Not White of work St		20x TIME OF INJUR Hour a.m
in my opiniai	🔼, Inquiry 🗷, and i	d an Autopsy 🔲, 🛮 Inspectio	mains described above, he	hat I toak charge of the rem	21. I certify
	termined mannet 🔲	de 🔲, Hamicide 🔲, Ur	🔲, Accident 🍱, Suid	from: Natural causes	death resulte
22. DATE SIGNED	22	CHIEF MEDICAL EXAMINER _M D. ASSISTANT MEDICAL EXAM NE	visi'	m/3 Da	ACTUAL SIGNATURE
10-17-6	ounty)	n Red Midress (Street, city, town,	. 6800 Morningt	B. Davis, M.D.	EXAMINER'S NAME (Type)
(State)	ON (City or Town) (County)	REMATOR 23d LO	730 NAME UT CEMETERY OR	23b. DATE THEREOF	23a BURIAL, CREMATION
ld.	Baltimere, Ve	of Jesus Cem-	Sacred Heart	10/20/67	Burial (Specify)
E	25b. REGISTRAR'S SIGNATURE	25m RECD BY REGISTR	ADDRESS		24 FUNERAL DIRECTOR
	ON (City or Town) (County) Baltimore H 256 REGISTRAR 5 SIGNATURE	of Jesus Cen.	Sacred Heart	23b DATE THEREOF 10/20/67	23a BURIAL, CREMATION REMOVAL (Specify) Burial

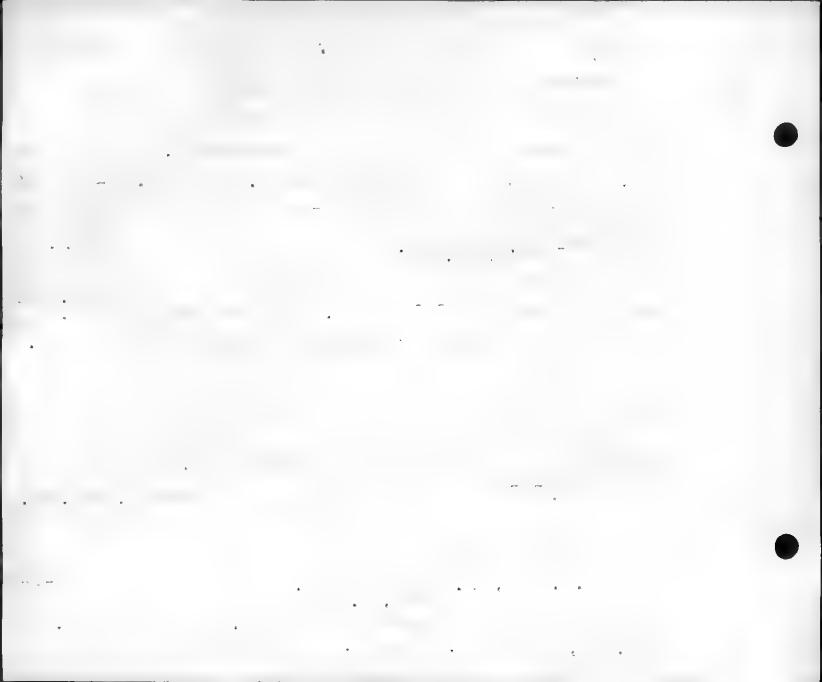
any delay is necessary, please execute the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, 2, and Pepart This cert ficate shavid by mecuted within 24 hours after denth If the funeral director Page 4 should be farwarded to the Chet Medical Examiners Office along 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. MANUEL ENTINERS: VR A 15ME (5)

FOR STATE HEALTH DERT

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P.M3



1	1	Division of STATISTICAL	MARYLAND STATE DE RESEARCH AND RECORDS, 30			AND 21201	
A Andrews		18886	CERTIFICATI	OF DEATH		13	3359
offer seeth he functof yes I and 2 offer death		PLACE OF DEATH O COUNTY OF COUNTY OF CITY OR TOWN (If outside corporate limits.)	MARYLAND	Maryland	ere deceased lived, if institution b COUNT b C	altur	ore
24 hours offine by the pers. Pages 72 hours offi		write RURAL and give pearest town) Annual Stock of Name of Hospital or Institution (If not in h	aspital, give street address)	Randa d STREET ADDRESS	11stow N	AL ond give ned	e IS RESIDEN ON A FARI
executed within 24 hours often de completely filled in by the femove carbon pagers. Pages ony event, within 12 hours often		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7 M	Middle ARRIED NEVER MARRIED	Berman 8 DATE OF BIRTH	DATE Manth OF DEATH /O 9. AGE (In years		OY Year 2 19 6 R IF UNDER 2
th certificate be executed ling physician and comple Then please remove co removal, and in ony ever	10a		DOWED DIVORCED DIVORC		tate or foreign country) E. MARYLAND	Months Day 12 CITIZEN COUNTR	OF WHAT
that the deoth certificate be on. by the ottending physician or consit permit. Then please recreation, or removal, and in	ĪS.	FATHER'S NAME HILLEL ABRAMS WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	(e)	ANNA INFORMANT	Addres		All OT
		18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO		BENJAMIN BET			NTERVAL BETWEEN CONSETT AND DEA
8 7, 22		Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause last (c)	Cialufie Meida		Tour children by Dany IV.	8	C.A.?
HYSICIAN: The law rhospital or attending s certificate has been taken for use as the ept. of Health prior to	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.				PERFORMED YES NO
HYSIC hospi s certi ached ept. of	₫	20c. TIME OF INJURY Manth Day, Year	20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County)	(Sto

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20d INJURY OCCURRED Not While While at work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg, etc.)

PHYS

ADDRESS

(City or town)

(County) (Stote)

e IS RESIDENCE ON A FARM? YES NO

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? NO

1967 IF UNDER 24 HRS.

1966 to UCF > 21. I certify that (I) (this hospital) attended the deceased from. 19.67, that (I) (we) last and that death accurred at 44 A. from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURA 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS.

M.D

	A.	114	1	10	aca
22c.	PHYSICIAN'S' NAME (Type)	7)	14/	in	. 13

22d NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

(County) (State)

23o. BURIAL, CREMATION, REMOVAL (Specify)

Hour o.m.

23b DATE THEREOF 10-3-67

BNAT ISRAEL
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TO FUNERAL DIRECTOR: After this VR A15 (4)

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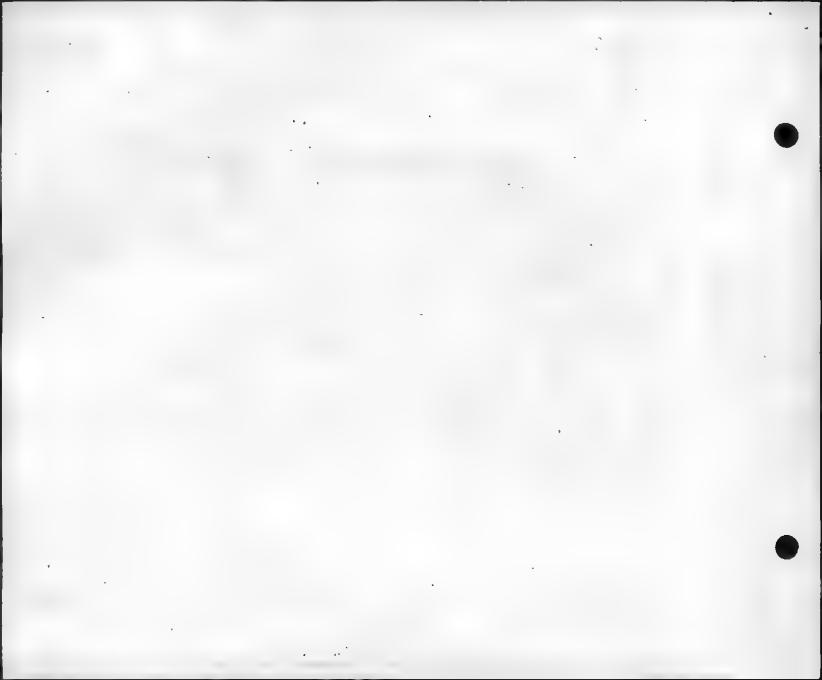
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24 FUNERAL DIRECTOR

BROS. INC. 6010 REISTERSTOWN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Film #6326 11/6/67 ph CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) MARYLAND MASONIC HOM CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOW write RURAL and give nearest town? write RURAL and give nearest town) hours Balto. CKEYSVILLE OR INSTITUTION (If not in hosp'tal, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NAME OF MISS 4. DATE Middle Month OF (Type or pont) DEATH ever SEX X AGE (In years IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost burthdoy) Hours and in any WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? 13. FATHER'S NAME ar remayal, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Same an (Yes, no, or unknown) (If yes give wor or dates of service crematian, 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse prior to last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) of Health CERTIFICATI NO 2Do ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om factory, street, office bldg , etc.) Not White at work 21. I certify that (I) (this haspital) attended the deceased fram ATM 1.308 M. from causes and an the date stated above saw the deceased alive an and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRES directar, pa should be f NAME (Type) 230 BURHAL, (REMATION OR CREMATORY LOCATION LEGY BY TOWN (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 DATE

24 haurs after death.

PHYSICIAN: The law requires that the death certificate be executed

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TO FUNERAL DIRECTOR:

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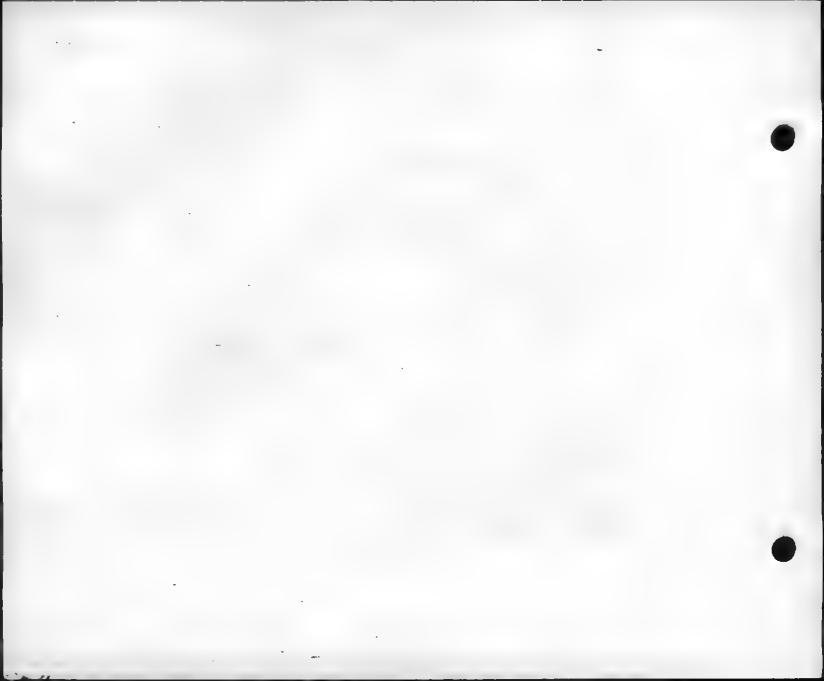
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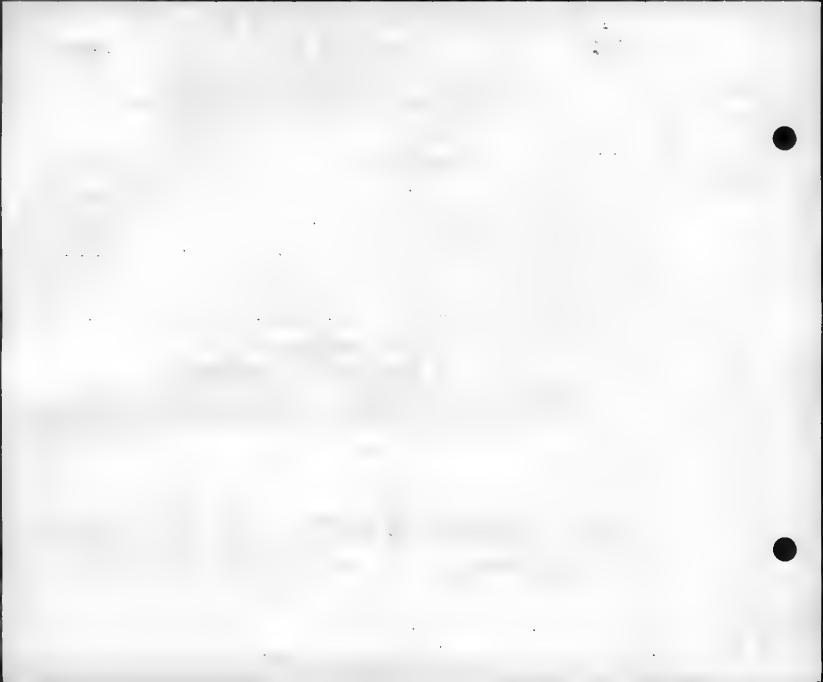
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
	CERTIFICATE OF DEATH	13392					
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased live	d, If Institution: Residence before admission					
	a. STATE back	OUNTY NETIMOTE					
Ь,	CITY OR TOWN (if outside corporete limits, water RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits,	write RURAL and give nearest town)					
4	HALETHORPE , & YAS MALETHORPE						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENC					
7		YES NO					
I	VAME OF DECEASED First Middle Lest 4. DATE OF	Worth Dey Yest					
	(Type or print) SEX [6. COLOR OR RACE. 7. MARRIED DEL DESCRIPTION DE DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE RACE. 7. MARRIED DEL DESCRIPTION DE LA COLOR DE LA COLOR DEL COLOR DE LA COLOR DEL COLOR DE LA COLOR	174					
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2	EMALO COLPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Ste'e, or foreign cou	rs.					
d	one during most of working life, even if retired)	12. CHIZEN OF WHAT COUNTED					
73	A FETERIA WOLKER DEPT. SIONS FIRERTON CO GA	1 -7 0 %					
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15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	dress					
•	CHIS ElauranoLL Tollar	Spancer of					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	A INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) _ flyger lengue ender various	lac					
	Conditions, if any, which geve rise to immediate cause						
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7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a): 19 WAS AUTOPSY					
CERTIFICATION		PERFORMED?					
TERC.	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18						
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		(County) (Stele)					
MEL	Hour a.m. While Not While et work et work						
	21. I certify that (i) (this hospital) attended the deceased from	, 19, that (I) (we) la					
	saw the deceased alive on						
	228. SIGNATURE ATTENDING MED STAFF	22b. DATE SIGNI					
	M.D. PHYS. DIRECTOR PHYS.						
	NAME (Type) TORGOT TEUD YOUN 1249 N. Fuller	n are					
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cin	y, town or county) (State)					
2	June 10/29/1967 HABUTUS "15M 3 BROTON	1) 21227					
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE					
	1 January 1 14 why or 20 12 12 12 man or lovie 1 1001						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13393 3340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY LTIMORE death. MARYLAND CITY OR TOWN (If outside carparate CLENGTH OF STAY N 16 IQWN [If auts de corporate imits, write RURAL and give nearest tawn) write RURAL and give nearest town Baltimore AR FOR D d STREET ADDRESS Belain Road d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO. NAME OF First Middle 4. DATE Year Month Day DECEASED OF DEATH within (Type or print) S SEX IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED h.rthday) Months Sept. WIDOWED DIVORCED any event 10a USJAL OCCUPATION (Give kind of work dane during most fly of king figure even if retired) 106 KIND OF BUSINESS OR 12 C TIZEN OF WHAT COUNTRY? Printing ompany 13. FATHER'S NAME Herbert Blakistone 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes 100 os unknown) (If yes gride war or dotes of service 6. Blakistone-6912 Belain Road-2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enfer on y one cause per lage far (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH .MMED.ATE CAUSE (a) 420 DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART I(a) NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Part L of Jem 18.) PRIMARY I ar CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJRY Month, Day, Year (City or fown) ((ounty) (Stote) Hour am. factory, street, affice bldg., etc.) at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection (**) Inquiry and in my opinion death resulted fram: Suicide 🗍 Natural causes . Acc dent Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED

ef Medical Examiner's Office = guq permit. or remayal, burial-fransit burial, cremation, 10 farwarded prior ta should be 3 should agent, FUNERAL DIRECTOR: Page the funeral director. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) TO FUN. Health o 23a BUR AL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REPOYAL (Specify) emeteru 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REG STRAR John C. Niller Inc-6415 Belair Road-21206 Ochanda, Judge 6M 1766 s

VR A15ME (5)

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in pencil in Item 18. Give Pages executed within 24 hisurs after death

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This cert ficate shaud writing the ward

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ≡xecuted within 24 hours afte_death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit permit. Then please remove tarb ——shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event.

complete filled in by he smeral love rained by he smeral love rainban papers. Pages flags of the smeral within 72 haurs affer death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

URDS, 301 W. PRESION STREET, BALTIMORE, MARTLA

CEDTIE	CATE	ΛE	DEATH	
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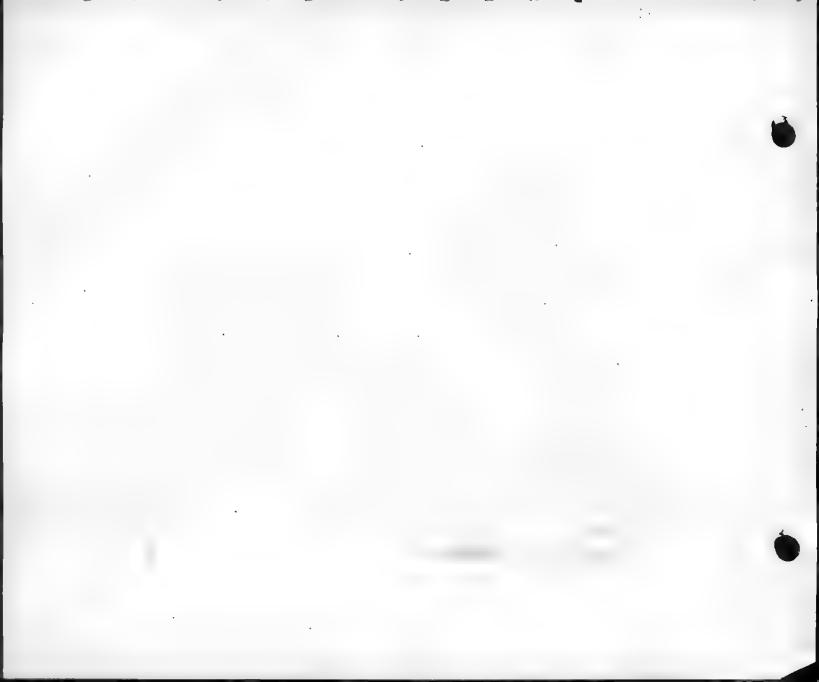
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1	PLACE OF DEATH					2. USUAL RESIDENCE	Where dec	eosed lived, if Inst	intution Reside	nce before admissi	ion)
	Baltimor			MARYLA	UND	Maryland		b. C	OUNTY	ltimore	
	b CITY OR TOWN (if outside corporate limit	'S,	c LENGTH OF STAY IN		c CITY OR TOWN (If o	utside corp	orate limits, write			
	Towson	d give neorest town)		davs		Luthervil			·		
-	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	et in hospital, a	ive street oddress)		d STREET ADDRESS		//		e IS RESI	IDENCE
	_	ph Hospital				251 Meado	wvale	Rd.		YES _	FARM? NO 🔼
3.	NAME OF	F	rst	Middle		Łosł	4. DAT	E N	ħonth	Doy Ye	egr
	DECEASED (Type or print)	Se	eibert	D_{ullet}	B	DLLINGER	OF DEAT	тн Ос	ctober	2. 19	67
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year			R 24 HRS
	Male	White	WIDOWED	DIVORCED		August 25,1	896	last birthdoy		Doys Hours	Min
100	USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or	foreign country)	12 C	ITIZEN OF WHAT	
907	Sales Man	ager Seagr	am Dis	tillers		Ohio			Ü	JNTRY? S.A.	
	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
			В	ollinger		Barbara H	eeli	ng			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes		OCIAL SECURITY NO.	17 1	NFORMANT			ddress		
	Yes.	WW1	of service) 21	6-10-9379	Mr	s. Mayme L.	Bo1	linger 2	51 Med	owvalle.	Rd.
	18. CAUSE OF DE	EATH (Enter only one co	use per line for	(o), (b), ond (c))						INTERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Card	dio respira	tory	arrest				ONSET AND	DEATH
	3.51 X		TO								
	Conditions, if ony		(b) Cere	bro vascul	ar l	nemorrhage					
	rise to immediat stating the under		TO								
	last)	(d) Gene	eralized ar	ter:	osclerosis	•				
z	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO 1	HE TERMINAL DISEASE CO	ND.TION G	IVEN IN PART 1(0)		19 WAS AUT PERFORA	
ATIO										YES	NO 🔀
CERTIFICATION	20a ACCIDENT WAS		20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter noture of injury in	Port I or I	Port II of item 18)		
		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL		JRY Month, Doy, Year		JURY OCCURRED 2	De PLA	E OF INJURY (Home, for	m, 20f	. (City or town) ((c	ounty)	(Stote)
P.F.	Hour an	. 1 1 1.00	Tot While	Not While of work,	' fort	ory, street, office bidg , etc)				
	21. L certif	fy that 🌃 (this has			ám _	10/1/	19 67	to 10/2	. 19	67 that M ((we) las
		eceased alive an_	10/2/	19 <u>67</u> , an	d that	death accurred at	7:40	M, fram caus	es and an t	he date state	d abave
	220 SIGNATURE	<i>+</i> .	. 1	13.		ATTENDING (MED	CTAFE	-	ATE SIGNED	
	100	early	D. 1	angon	- M D	PHYS.	DIRECTOR	STAFF PHYS	C Octo	ber 2,]	1967
	22c PHYSICIAN'S NAME (Type)		Digov	W D		7620 Yor	le Ra	Тотта	. Ma	27 201	
								-			
230	BURIAL, CREMATIC REMOVAL (Specify BURIAL	1		23c. NAME OF CEMETE				LOCATION (City of		(County) ((Stote)
			/	Parkwood	Cen			rkville,		CLOUISTURE	
	I. FUNERAL DIRECTO			ADDRESS	A10	N.f.	D BY REGI	SIKAR 2Sb	REGISTRAR'S	SIGNATURE CONTRACTOR	
Wm	. Cook⇔Br	cooks Towso	n 1050	York Rd.	2120	DATE OF T	15	1967		1	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13395CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If duts de carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) more e. IS RESIDENCE ON A FARM? d STREET ADDRESS OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 0. YES NO D NAME OF DECEASED DEATH (Type or print) ᡖ 9. AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or faceign country) 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER DV JS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** FRIDSCLE ROTIC UNKNOWN Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause ATHEROSCLEROSIS UNKNOUN WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NGRENE NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. Nat While factory, street, affice bldg., etc.) ot work 10-24-, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 16-20-1967, to 10-24-1967, and that death accurred at 6 A M, from causes and an the date stated above saw the deceased alive an. 22b_DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1967 ULLICICII FUNEPIST HOME 20 M 1/66





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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13397 Reg. Dist. No.

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Y	. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	Machare Condence	ere deceased lived. If institutions	Residence before odmission) Baltimore	
	RURAL ond give_	(If outside corporate limits, wi nearest town) Baltimore	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Baltimore 21236			
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 2022 9001 Carlible Ave.			d. STREET ADDRESS	001 Carlisle Ave	IS RESIDENCE ON A FARM? YES NO	
3	NAME OF DECEASED (Type or print)	Myrtle	May Middle	Bowers	4. DATE Month OF DEATH OCTOBE	er 29 1967	
5	female	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	July 1, 18		UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min	
11	during most of we house own	ON (Give kind of work done thing life even if retired)	106. KIND OF BUSINESS OR INDU	York, Pe		12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME Howai	rd Norris		Mary E	mma Day		
19	WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		NFORMANT LOUISE BOWER	s-Daughter-ir		
		ony, which (b) (b) DUE TO	er time for (c). (b). ond (c) } Hemoptysis-du Multiple myel Arteriosclero	oma		OPT ONSET AND DEATH	
CEBTIELCATION	PART II OT		DIS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19	
ASDICAL CE		RY Month, Day, Year 20	Od INJURY OCCURRED 20e Pt hile Not while work at wark	ACE OF INJURY (Home, form ctary, street, office bldg., etc.)	(County) (State)	
		Barbara A.	solomon, M. I	accurred at 12:3	October, 19 67, MPfrom the causes and ADDRESS [Street, city or town, sto	10-30-67	
2	20. BURIAL, CREMATIC REMOVAL (Specify BU rial	11/1/67.	Parkwood Cer		22d LOCATION (City town, or a Baltimore,		
2	Econard J.	Ruck Inc. Bal	Lto. Md. 21214	1		AR'S SIGNATURE	



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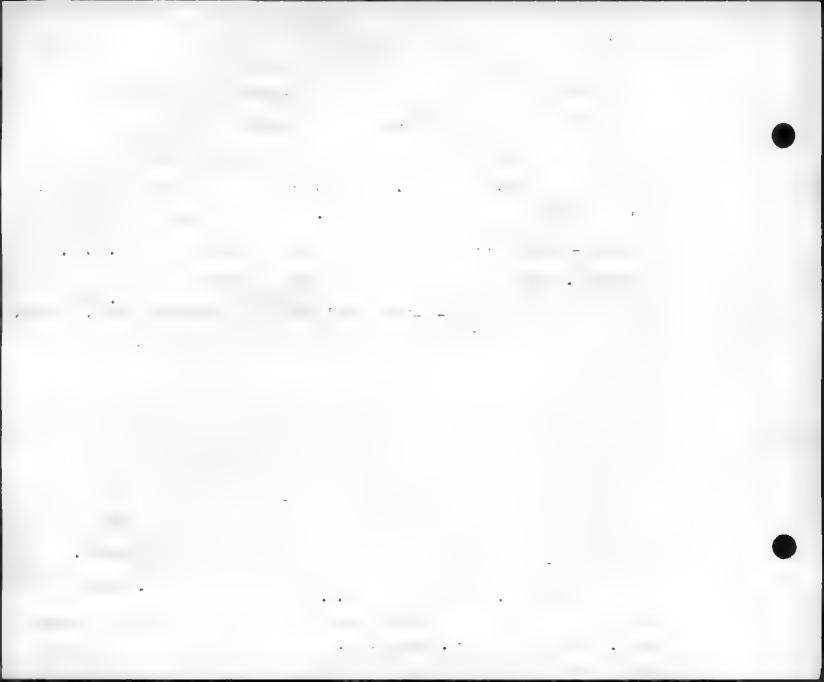
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1967 Clianles Judge.

FOR STATE		_0630		MED	ICAL EXAMINI	ER'S CER	TIFICATE (OF DEATI	1	LOO	7()
HEALTH DEPT.	1 PL	ACE OF DEATH				2. U	SUAL RESIDENCE	(Where deceose	d lived, if institution (Residence before	odm (ssion)
5 0 월 1년	0.	COUNTY Balt:	more		MARYL		. STATE		b. COUNTY		
5 m 6	Ь	CITY OR TOWN (If	outside corporate limit	ξ.	c. LENGTH OF STAY IN		Maryla	nutside comorate	limits, write RURAL o	timore	(nwn)
PM3.		write RURAL and	nive negrest town)	-,					, min s, m iv nonen s	na givo nooroar	
2, ond PM3. portm			OR INSTITUTION (If no	at in bornital i	7 Years		Dundall TREET ADDRESS	2		0	IS RESIDENCE
			,		line zueer oddrezz)	0 3					ON A FARM?
Stote			Liberty Pa				2634 L	iberty	Parkway	YE	C. One
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or ce ce ce cath				W DOWED	D VORCED		11, 188	1			
within 24 hours o pencil in Item 18. xominers Office o ile pages Tond 2 w hours offer death.		ISUAL OCCUPATION (1 most <u>of</u> worki <u>ng</u> lii	Give kind of work done		ND OF BUSINESS OR DUSTRY		B RTHPLACE (Stote	-	ntry)	12 CITIZEN OF V	YHAT
24 in l		Clerk	- Office V				est Virg			U. S. A	•
hin not bag pag irs (13 F	ATHER'S NAME					MOTHER'S MAIDEN			*	
d within 2 in pencil ii Exominer Eile page: 7 hours of			F. Bowers				Amelia S	chleil			
ed vin Sill Ex	IS I	WAS DECEASED EVER	IN U.S ARMED FORCES?	f service)	SOCIAL SECURITY NO	17 INFORA	MANI(Breth	er)	Address	d. 2122	2
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should be executed wit te word "pending" in pe to the Ch ef Medical Exon buriof-tronsit permit file any event within 72 hou		B. CAUSE OF DEA	TH (Enter only one co.	ise per line for	(o)(b), ond (c).)	1	- 11			INTER	VAL BETWEEN
ld be of the control	П	PART I. DEATH	I WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Durock	MUX	e He	and	Mesea	ONSE	T AND DEATH
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the state of the lin		ise to immediote toting the underl		TO	-						
firat ing ing ided ided os o		ost to the)	(c)							
		ART II. OTHER SIG	N FICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO THE TER	RMINAL DISEASE CO	ONDIT_ON_GIVEN	IN PART 1(a)	19 V	AS AUTOPSY
	CERTIFICATION									YES	ERFORMED?
This icate, be to d be to remo	E	200 EXTERNAL CAL	SE WAS	20b DE	SCRIBE HOW INJURY OCC	URRED (Enter i	nature of injury in	Port I or Part	Lof item IB)		
ER: certifi ould es. thould in, or		PRIMARY 🗀 of CONT CAUSE OF DEATH	KIBUHNGI								
医 * 2 重影语	WEDICAL	OC TIME OF INJUR	Y Manth Day Year				NJURY (Home far		((ty or town)	(County)	(State)
EXAM ute th oge 4 your Page cremo	EM I	Hour om p.m.	19	While of worl		factory, str	eet, office bldg , etc	()			
L EX ecute Poge or ye R: Pog			that I taak chara		na'ns described abo	ve held an	Autonsy 🗀	Inspect a	n 🕱 , Inquiry	and i	n my opinia
Le sa l'in C in		death resulte		Cooles X		Su cide [determined manni		i iiiy opiiiio
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DTY herold derold derol	1 1	EXAMINER'S		1				CA. EXAMINER	TungaTh		10/5/6
DEPUTY MED ecessory, pleosi te funerol d rec moy be retain FUNERAL DIRE eqfth prior to b			Theodore C	Patte	ream	M.D.		et (tγ, town o	- 113	1222	10/5/0
o DEPUTY necessory, the funerol s moy be a p FUNERAL		BURIAL CREMATION	, 23b DATE TH	EREOF	23c NAME OF CEMET	RY OR CREMA		23d LOC	ATRON (City or Town)	(County)	(State)
5 = = 0	B	REMOVAL (Specify)	10/7/	67	Baltimore	Cemete	ery		Baltime	ore, Mar	yland
VR ATSME (5			da. 7022 W	ica A-4	Dundalk,	MA	2So REC	D BY REGISTRA	R 2Sb REGISTS	AR'S SIGNATURE	
6M 1/67	00	ITML OF DO	> 1766 H	TOA VA	e hunderty	BILL'S &	DEFENT	1 0 10	167 Ocho	reley Jun	lel.



FOR STATE HEALTH DEPT. Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY Baltimore MARYLANO D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence in the country of	3399 dence before admission)
a. COUNTY Beltimore Many and Beltimore	e. IS RESIDENCE ON A FARM?
Reltimone Manyland Manyland Deltimon	e. IS RESIDENCE ON A FARM?
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e. IS RESIDENCE ON A FARM?
write RURAL and give nearest town) Dundalk Dundalk	ON A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	
	TEO TINDIN
981 72 3. NAME OF First Middle Last 4. Date Month	Oay Year
Colober 2	3rd 1967
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. AGE OF BIRTH 9. AGE University Months Da 79 William 1. AGE University Months Da 7	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIS	ZEN OF WHAT
during most of working life, even if retired) INDUSTRY Sheet Metal Worker Steel Pennsylvania US	
Sheet Metal Worker Steel Pennsylvania US Sheet Metal Worker Steel Pennsylvania US 13. Father's NAME 14. Mother's Maiden NAME Helper d. Bredley Henrich M. Henrich M. Henrich M. Henrich M.	
Edward Bradley Harriet M. Horrell	
15. WAS DECEASED EVERINU.S ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((ffyes gire war or dates of service)	
yes WWI 213-07-4555 Mary M. Bradley, same as #2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: PART I. OEATH WAS CAUSED BY: PART II. OEATH WAS CAUSED BY:	ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	- Annagurds
DUE TO Conditions, If any, which \	
gave rise to immediate (b).	
cause (a), stating the DUE TO underlying cause last.	
PART II. OTHER SCHIFTICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ist sign with with	YES NO X
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Part II of Item 18.) 20a. EXTERNAL CRUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200 PLAST OF INJURY (Home, farm, 20f. (City or town) (Count in the part II of Item 18.) While Not While Contributed to the Injury (Home, farm, 20f. (City or town) (Count in the part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. INJURY (Home, farm, 20f. (City or town) (Count	ty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (20d. INJURY (Home, farm, 20f. (City or town) (Count while at work at work at work at work	
p.m. 19 at work at wor	and in my opinion
death resulted from: Natural causes []. Accident [], Suicide [], Homicide [], Undetermined manner [
CHIEF MEDICAL EXAMINER	
ACTUAL ACTUAL SIGNATURE ACTUAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	22. DATE SIGNED
DEPUTA WEGICAL EXAMINER IX	10/25/67
EXAMINER'S NAME (Type) Melvin B. Davis, M.D. Address (Street, tity, cowin, or count) 238. BURIAL (REMATION, 23b. OATE THEREOF REMOVAL (Specify) 30/26/67 Report Note of Cemetery OR CREMATORY Baltimore Mary	
2 2 W Burial 10/26/67 Baltimore National Baltimore, Mary	land
AODRESS 25a. REG'O BY REGISTRAR 25b.	SIGNATURE
Walter Brooks Bradley, Inc., Dundalk, Md. OATE CT 26 196	7 0



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Н				CEKTIF	ICAIL	OF DEATH			1.34	HOM)
	o. COUNTY	EATH Baltimo:	æ:	MAR	/LAND	2 USUAL RESIDENCE (o. STATE Marylan		P COR		ore admission)
	write RUI	OWN (If outside corporate limited and give nearest town) wince Mille	ls,	CLENGTH OF STAY	IN 1b	CCITY OR TOWN (IF or Rockvill	utside corpor			est town)
0	d NAME OF	HOSPITAL OR INSTITUTION (IF F		e street oddress)		d. STREET ADDRESS		Ct. #I3		e IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED		irs!	Middle Patrick	Ben	lost adshaw	4 DATE OF	Mon: TO	th Do	
	(Type or pring	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	DEATH	1	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	WIDOWED	DIVORCE		I-7-60		9 AGE (In years lost birthday) yrs.	Months Days	Hours Min
	during most of w	PATION (Give kind of work doni orking life, even if retired)	10b. KIND INDL	O OF BUSINESS OR USTRYONE		II BIRTHPLACE (County			12 CITIZEN C COUNTRY TT . S	
	13. FATHER'S N		ما سام سام			Montgome 14. MOTHER'S MAIDEN Winifr				
		en Joesph Bra		CIAL SECURITY NO	17 1	NFORMANT	eu uu	Addre	pss	
	(Yes, no, or unki	SED EVER IN U.S. ARMED FORCES' nown) (If yes give wor or dotes	of service)	none		ewood Recor	ds, C		*	yland
	PART Conditions, rise to imm	if ony, which gove	(o) Acu:			Necrosis,	Rila	teral Adr	0	ITERVAL BETWEEN NSET AND DEATH 3 days 5 days
1	PART IF OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	ATED TO T	HE TERMINAL DISEASE CO.	ndition GIV	/EN IN PART I(o)		WAS ALTOPSY PERFORMED? YES NO
	OR CONTRIL	INT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY O	CCURRED (Enter noture of injury in	Part I or Pa	ort 11 of item 18)		
		OF INJURY Month, Day, Yeor our o.m. 19	20d INJU While etwork	JRY OCCURRED Not While of work		CE OF INJURY (Home, formory, street, office bldg, etc.)	(City or town)	(County)	(State)
	saw t	certify that (1) (this ha	spital) at ende	d the deceased	from_< and that	death accurred at	96V			hat (I) (we) last ite stated abave.
	220. SIGN 22c. PHYS	afred de	fore		M.D	I day topostor	MED DIRECTOR	STAFF PHYS. K	7 - 0 0	167
	NAM	Richard /	Jones							r pho 3,0 Ort she
	230. BLRIAL, CE REMOVAL	(Specify) 10-1.		23c NAME OF CEM Parklaw		metery	Ro	OCATION (City or To	Larvl	and
	24. FUNERAL T ROBERT		FT, Bet	ADDRESS Lesda,	ла ту		D BY REGIST		EGISTRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-tramest permit. Then please remove carban pages. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 22-frours after deptited. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

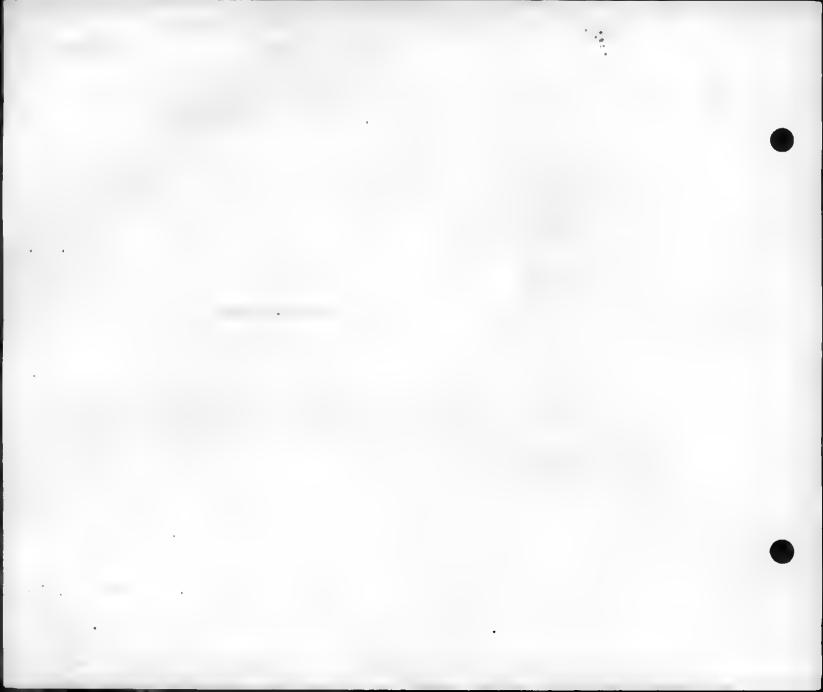
CERTIFICATE OF DEATH

13401

	E OF DEATH					2 USUAL RESIDENCE (V	Where deceose		Residence	before admission)
o. COI	Bal.	timore		MARYLAN	ND	o. STATE Mary	land	b. COUNTY	Calv	ert /
p cit.	Y OR TOWN (If outside corograte limits.	,	t LENGTH OF STAY IN 1	Ь	c CITY OR TOWN (If autside carporate fimits, write RURAL and give nearest town)				
WT	rte RURAL and Owi	d give nearest town) ngs Mills		23 yrs.		Prince Frederick				
		AL OR INSTITUTION (If not	in hospital,	give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
		ewood State				-				YES NO X
3 NAME DECE/		Eirs	,t	Middle		Last	4. DATE OF	Manth		Day Year
(Түре	ar print)	Lar	ry	Miller		BRADY	DEATH	10		30 1967
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B 8.	DATE OF BIRTH	9		UNDER 1 Y	EAR IF UNDER 24 HRS
Mal		White	WIDOWED	DIVORCED [8-18-38		29 yrs		
10a USLA	AL OCCUPATION	(Give kind of work done		KIND OF BUSINESS OR		11 BIRTHPLACE (County	& State, or fore	ign country)	12 CITIZE	EN OF WHAT
De:	ast of working penden	lite, even if retired)	11	none		Prince Fr	ederic	k. Md.	CUUN	U.S.A.
	HER'S NAME	-				14. MOTHER'S MAIDEN I				
Ha	rry Ow	en Brady				Hazel Mar	ie Kin	g		
15 WAS	S DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16.	. SOCIAL SECURITY NO.	17. IN	IFORMANT		Address		
no,		(If yes give wor ar acres or	Service	none	Ro	sewood Reco	rds, O	wings Mill	.s. M	aryland
	CAUSE OF DE	EATH (Enter anly one caus	e per line fo	or (a), (b), and (c).)						INTERVAL BETWEEN
1 .	PART I. DEAT	TH WAS CAUSED BY. 1MMEDIATE CAUSE (a Bila	teral Necrot	tizi	ng Brachogi	ial Pne	umonia		ONSET AND DEATH
1	1717	DUE T								
		, which gave	(b)							3 wks.
	to immediating the under	e cause (a), (
last.			(c)							
PAR	T II OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING	TO DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE COM	NDITION GIVEN	IN PART 1(a)		19 WAS AUTOPSY
CATIO										PERFORMED? YES NO
OR C	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b Di	DESCRIBE HOW INJURY OCCU	IRRED (I	nter nature of injury in	Part I ar Part	II of item 18)		
WEDICAL 20x	TIME OF INJU Hour air p.a	10	20d I While of war	le Nat While		E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		(City or town)	(Count	lγ) (State)
	21. I certif	by that by (this hasp	ital) atten	nded/the deceased fro			19 <u>44</u> , to			?, that 🗯 (we) last
		eceased alive on	10/30	19 67, and	d that	death accurred of	9:404	from causes and	on the	date stated above.
22a	SIGNATURE	1	71/					2	22b. DATE	SIGNED
	(Michael	1	Janes.	MAD:	PHYS.	MED. DIRECTOR	STAFF E	10	31-67
22 c	PHYSICIAN'S					22d ADDRESS				
	NAME (Type)	Richard A.	Jones	s, M.D.		Rosewood	St. Ho	sp. Owing	iM a	lls, Md.
	RIAL, CREMATIC		REOF	23c NAME OF CEMETER	RY OR C	REMATORY .	23d. 100	AT ON (City or Town)	(0	ounty) (State)
	MOVAL (Specify ir 131	1 Nov	r. 196	7 Glen Hav	י מי	Mamark a7	Gl	en Burnie.	Md.	AA
	NERAL DIRECTO	R	• • • •	// ADDRESS	1020	250 RECT	D BY REGISTRA	AR 25b REGISTE	RAR'S SIGN	NATARE
[)	2	0 (5 60	1-14	11/1/1/	7674	DANO	V 2 1	1967	sula	yedgen
CLX	OA CL	-C J COUNTY		MIDN YOU	ma	5	F-1	4		4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon paper shauid be filed with the State Dept. of Health priar to burial, cremation, ar remaval, a≡d in a≡y event, within 22 Page 4 may be retained by the haspital ar attending physician.

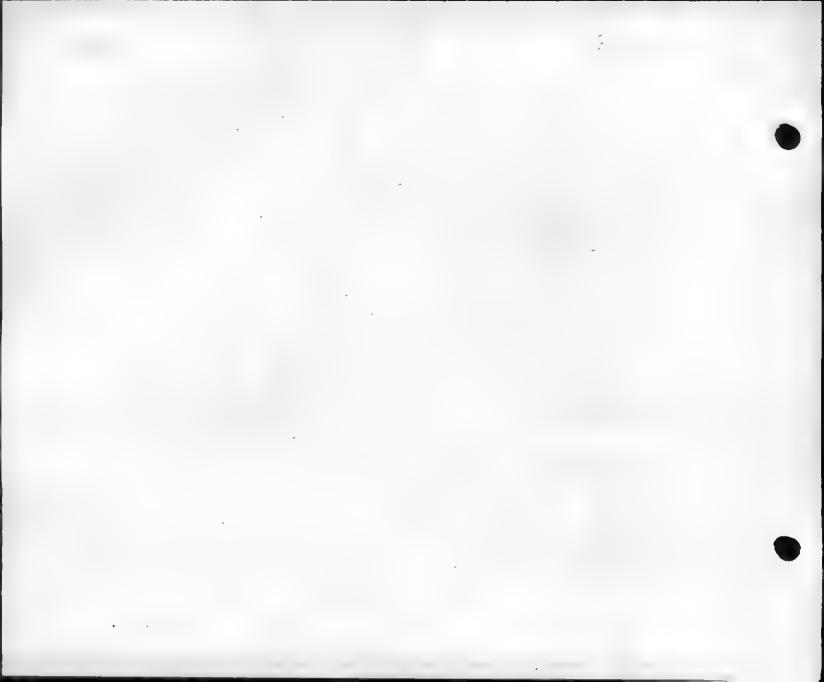
VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY a. COUNTY MARYLAND requires that the death certificate be executed within 24 hours after CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn XXXXXXXXX Catonsville popers. d STREET ADDRESS 8. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address YES Midd 4. DATE corban, 3 NAME OF Month Year Fist Lost OF DEATH DECEASED W. 19 0 in ony event, (Type or print) AGE (In years IF UNDER LYFAR IF UNDER 24 HRS S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove lost birthday) Months Days Hours W WIDOWED DIVORCED ond 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY 2 physicion on the please please during most of working life, even if retired)

Manager - Hotel INDUSTRY 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME signed by the ottending physi burial-transit permit. Then pl burial, cremation, or removol, Brengle WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, na, or unknawn) (If yes give wor or dates of service) -7107 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) attending physician **DUE TO** Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been be detached for use os the State Dept, of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the saw the deceased alive an 19 (27), and that death accurred at 7.00 PM, from causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFE PHYS **ATTENDING** DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF BURIAL, CREMATION, REMOVALISPECTAL Pikesville, Md. Druid Ridge Cemetery 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



13400

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely-follows. Pages I for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I for should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter feat

20.00	CERTIFICATI	E OF DEATH	13403
1. PLACE OF DEATH			d lived, if institution Residence before admission)
o. COUNTY Baltimore	e MARYLAND	o STATE Marylana	b. COUNTY
b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	11	mits, write RURAL and give nearest town)
write RURAL and give nearest town)		Balt	imore 30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE
(hesapeake Manor	Nursing Home	3825 E	Belair Rd. ON A FARM?
3 NAME OF First	Middle	Lost 4 DATE	Month Day Year
(Type or print) William	E. B	rennan DEATH	October 12, 1967.
	7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost outledey) Months Doys Hours Myn
male White	WIDOWED DIVORCED	rlugust 19,1904.	lost buthdoy) Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR - INDUSTRY	17 BIRTHPLACE (County & State or fore	ign country) 12 CITIZEN OF WHAT COUNTRY?
Ketired	General Electri	c Matuland	COUNTRY
13. FATHER'S NAME	7.0	14 MOTHER'S MAIDEN NAME	1 1 0 1
	s F.Brennan	//	Tary A. Becker
1S WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of s	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
10	213-05-5300 /1	r. William Turn	er, 1209 Gleneagle Ro
18 CAUSE OF DEATH (Enter only one couse	per line for (o), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o	myacurdes	1 Infaretion	S MATALA
+ d DUE TO		arterios desa	
Conditions, if ony, which gove (b)	- Generalized	arleno de	in Eyears
stoting the underlying couse	•		
los1. (c			
PART II. OTHER SIGNIFICANT CONDITIONS CON	INTERNATION TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
A STATE OF S	1901 DESCRIPT HOW INNINV OCCUPATION	(F.)	YES NO
200 ACC DENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBU	206 DESCRIBE HOW INJURY DECURRED	(Enter nature of injury in Port + or Port	(Lot Item 18.)
	20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 7 20f	(f)
20c TIME OF INJURY Month, Doy, Year Hour o.m.		ACE OF INJURY (Home, form, 20f story, street, office bidg., etc.)	(C ty or town) (County) (State)
p.m. 17	ot work U at work U	2 / 10 / 10 / 10	- 1 ^m 10 (m) 10 (11
saw the deceased alive an	tal) attended the deceased fram_	t doub actured at 420 7 M	from causes and an the date stated above
220 SIGNATURE	17.82, und me	deall accorded di 37 34 M,	22b. DATE SIGNED
Juntilian ?	E Serlie "	D PHYS MED DIRECTOR C	STAFF D 19-13-67
22c PHYS CIANS 7	(-1:-0)	I 22d ADDRESS	- 0 /
NAME (Type) Frank C.	Lesue M.D.	302 6. 3320	d St.
230 BURIAL, CREMATION, 236 DATE THERE	OF 23c NAME OF CEMETERY OR	CREMATORY 23d LOC	ATION (City or Town) (County) (Stote)
Burial 10/16	11 11 1 0 1	mer (emetery	Baltimore, 1114.
24 FUNERAL DIRECTOR	ADDRESS	25g, REC'D BY REGISTRA	R 256 REGISTRAR S SIGNATURE
Leonard J. Ruck,	Inc. Balto.Md. 2	1214 DECI 16 18	101 June June



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDT	IFICAT	E OF	DEATH
V.L.N.I.	IFICAL	L VI	VEALII

13404

1. PLACE OF DEATH g COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
SALTIMORE MARYLAND	MARYLAND HOUMRD
b. CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 1b write RURAL and give negrest town)	CELL OK TOWN 1/1 OUTSIDE EDIPORDE HINTES, WITH KOKKE DIEG GIVE HEUTEST TOWN)
CATONS TE 10 days	ELLICOTT CITY
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Sいんれいていいころいのものにき	POCKSPRINGS B IS RESIDENCE ON A FARM? YES NO F
3 NAME OF First Middle	Last 4 DATE Manth Day Year
(Type or pnnt) CELESTE W. BRE	NTAND DEATH OCTOBER 21 1967
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ages bigthday) Months Days Hours Min.
WIDOWED DIVORCED	Unk 1883 (ast birthday) Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retiged) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
HOUSEVIFE Own Home	Maryland USA
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
George WELLS	Anna Lenhart
15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. I (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No	CHART
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CHICCLY ONLY O	F THE HEADOF THE
Conditions, if ony, which gove) DUE TO PANCREAS	WITH WISESPREAD
conditions, it only, which gove inset to immediate cause (o), but to the windshape and the conditions are the conditions and the conditions are th	15.
storing the preserving couse	, and the second
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY
PART II Glinek Significans Conditions Contribution to Death But Not Related to	PERFORMED? YES \ NO
OR CONTRIBUTING CLAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAN	CE OF INJURY (Hame, farm, 20f (City ar town) (Caunty) (State)
Haur a.m. 19 While At While of work of the strength of the st	lary, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from (10/11 1967, to 10/21, 196/that (1) (we) last
saw the deceased alive on 10/14 19 67, and that	t death occurred at 6:404M, fram causes and an the date stated obove
22a. SIGNATURE M.C	ATTENDING MED STAFF 226 DATE SIGNED PHYS DIRECTOR PHYS (P/2/67)
22c. PHYSICIANS NAME (Type) E.KHSA: TIS, M.D	22d. ADDRESS 21228 18017860ERICKRI, BALTTIMOREMO
23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	
REMOVAL (Specify) 10/24/67 Green Mo	
24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Wm. Cook-Brooks West Inc. Balt. Md.	21228 DATE OCT 2 5 1967 Tilianes Justin

TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 years after death.

Page 4 may be retained by the hisspital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept of Health prior to burnal, crematian, or remayal, and in any event, within 72 thaus after death.

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13402.

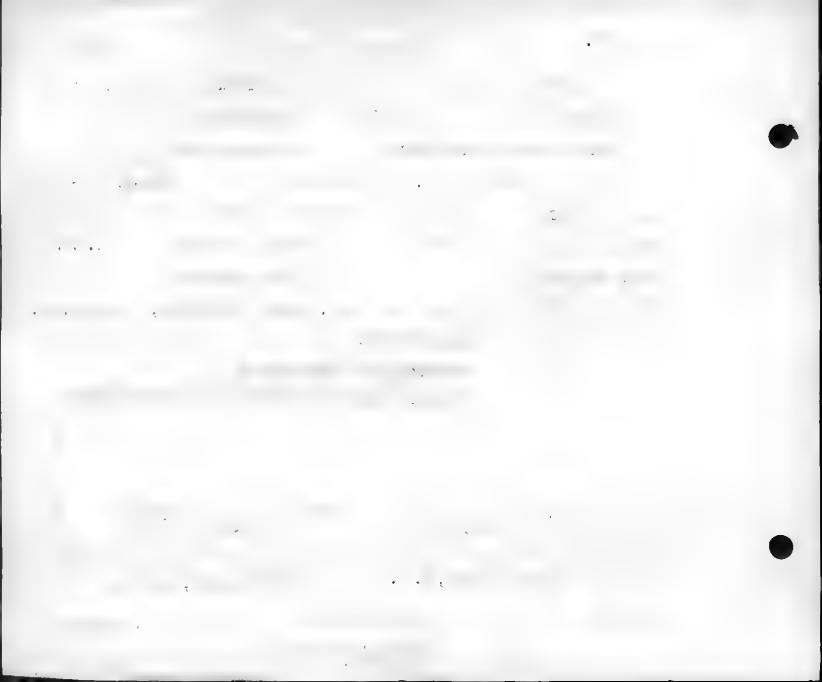
CERTIFICATE OF DEATH

13405

F	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
- 1	o. COUNTY BAITIMORE	g. STATE MAR	YLAND b. COUNT	BALTIMORE				
	b CITY DR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 16 217 DAYS	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, g	d STREET ADDRESS e IS RESIDENCE						
E 1	VETERANS ADMINISTRATION	222 HIGHMEADOW ROAD ON A FARM? YES NO X						
	3 NAME OF First DECEASED (Type or pnnt) REPARE	Middle BRIT	Lost 4. DATE Month Doy Year OF DEATH OCTOBER 3 19 6					
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (in years	F UNDER I YEAR IF UNDER 24 HRS			
	MALE WHITE WIDOWED	DIVDRCED 5	EPTEMBER 1,	1891 76 yrs	Months Days Hours Min.			
		ND OF BUSINESS DR DUSTRY DWIG RY	, ,	& State, or foreign country) MARYTAND	12 CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14 MOTHER'S MAIDEN	NAME					
2	EDWARD BRILLHART		ELIZA	KT TENTORT TVER				
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) YES 16. SOCIAL SECURITY NO 17. INFORMANT Address CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD.							
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 20c THE OF INJURY Month, Day, Year Hour Jam. p.m. 19 at work	TRIOSCLEROTIC DEATH BUT NOT RELATED TO CRIBE HOW INJURY OCCURRED DURY OCCURRED Of Work	AL ARTERIES THE TERMINAL DISEASE COL (Enter nature of injury in ICE OF INJURY (Home, ford tary, street, office bldg, etc.)	PORT I OF PORT I (C+y or town)	19 WAS AUTDPSY PERFORMED? YES NO (Caunty) (State)			
	21. I certify that (IX (this haspital) attended the deceased fram 2/28/67, 19, ta 10/3/67, 19, that XI) (we) lass saw the deceased alive an 10/3/67 19, and that death accurred a COOAM, fram causes and an the date stated above 220 SIGNATURE 220 SIGNATURE M.D ATTENDING MED STAFF DIRECTOR PHYS ID/3/67 221. PHYSICIAN'S NAME (Type) JORGE A. FABARA, M. D. 222 ADDRESS VAH FORT HOWARD. MARYLAND							
1	NAME (Type) JUNGS A. PADARU	Ny Me De	VAH MOR	P HOWARD, MARYI	AND			

ond 2 deoth. within 72 hours ofter deoth inerol TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove forbon py director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove to should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in ony event VR A15 (4) 25M 1/67



13403

CERTIFICATE OF DEATH

13407

			CLATIFIC	AIL	OF DEATH					-	
1. PLACE OF DEATH					2 USUAL RESIDENCE (W	here deceo			e before	odmissi	on)
o COUNTY BAI	TIMORE MARYLAND			ID:	o. STATE MARY LAND b. COUNTY						
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 16		c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d give negrest town) DALLSTOWN				BALTIMORE				-	,	
d NAME OF HOSPI	AL DR INSTITUTION (If no	I in hospital, g	ive street oddress)		d. STREET ADDRESS				е		DENCE
BALTIMORE	COUNTY GEN	ERAL HO	DSPITAL		3104 MINNA	COUR	T #212	07	Y	DN A F.	ND K
3. NAME OF	NAME OF First DECEASED (Type or print) RUBIN		Middle R. NEVER MARRIED		ŁOSŤ	4. DATE Month OF DEATH OCTOBER 9. AGE (In years If UNDE			Doy	Ye	
(Type or print)					BROOKS				3 19 67		
S. SEX					DATE OF BIRTH			IF UNDER 1	YEAR	IF UNDER	R 24 HRS
MALE	WHITE	WIDDWED	DIVORCED	Ħ١			lost birthdoy) 57 yrs	Months	Doys	Hours	Min.
10o IISHAI DECHPATID	N/Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County 8	Stole, or fo			IZEN DE		
during most of working	of working life, even if retired) STALLATION B		UILDING NE		NEW YORK	IFW VORK			COUNTRY? U.S.A.		
13. FATHER'S NAME	FATHER'S NAME				14 MOTHER'S MAIDEN NAME						
CHARLES	CHARLES BROOKS					SHANE					
IS WAS DECEASED BY	WAS DECEASED EVER IN ILS ARMED EDRCES? LA SOCIAL SECTION NO. 17			17. II	NFORMANT Address						
(Yes, no, or unknown)	(If yes give wor or dotes o	service)		MRS	. RENA BROOK	KS. 3	104 MTMN	A CT.	#21	1207	
IB. CAUSE OF D	18 CALISE OF DEATH (Enter only one couse per line for (a) (b) and (c))									RVAL BET	
PART! DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) ACUTE MY OCHEDIAL INFARCTION						DINSE	ET AND D	DEATH			
3											
	Conditions, if any, which gove) (b) ARTERIOSCLEROTIC CARDIOVASCULAR										
	rise to immediate couse (a), stoling the underlying couse DIE TO DESERTSE - PR			DRI	EVIOUS MYDCARD, INFART				1		
last.		(t)					962				
PART II DTHER S								119 V	WAS AUTI	DPSY	
200 ACCIDENT WA									YES	PERFORM	NO ₩
200 ACCIDENT WA		20b DES	SCRIBE HOW INJURY DCCUI	RRED (Enter noture of injury in P	ort 1 or Por	t II of item 1B)				
OR CONTRIBUTING	G ☐ CAUSE DE DEATH MEDICAL EXAMINER)										
3 20c TIME DE INJ	URY Month, Doy, Year	20d IN	IJURY DCCURRED 20		E DF INJURY (Home, form,	. 20f	(City or town)	(Con	nty)	1	(Stote)
Hour'o.	m. m. 19	While	Not While of work	focio	ory, street, office bldg, etc.)						
	21 certify that (1) (this-hospital) attended the deceased from NEV. 1961/ to 16-3- 1967 that (1) (we) los										
	saw the deceased alive an 763 1966, and that death accurred at 154M, fram causes and an the date stated above										
220. SIGNATURE	226. SIGNATURE / 22b. DATE SIGNED								~~		
	TO FIGURE 1/6 CHILD WILL MD PHYS DIRECTOR LI PHYS. LI										
	22c. PHYSICIAN'S NAMERIYOD DR. JOSEPH DECKELBAUM 22d. ADDRESS 3502 W. ROGERS AVENUE										
	DIC DUSET					CUGERS	AVENUE				
230. BURIAL CREMATI			23c NAME OF CEMETER	Y DR (REMATORY	23d LD	CATION (City or To	wn)	(County)	(5	State)
REMOVALISM CIT		0/	ARLINGTON				LTIMORE.	MARYL	AND		
24 FUNERAL DIRECTO		m110 1	ADDRESS	-	1 00	BY REGISTE	CAR QC 7 250 85	GISTRAR 5 SI	GNATURE	nda	2
STATE OF THE STATE OF	7/3N & DD/3C	TUO 6	ATA DETETED	CT /	11957 7277		TATALITY JA	- /	W-17	1	-

TO INCIPITAL OR ATTINDING MINISTRAN: The low requires that the death certificate be executed within 24 hinrs ofter death.

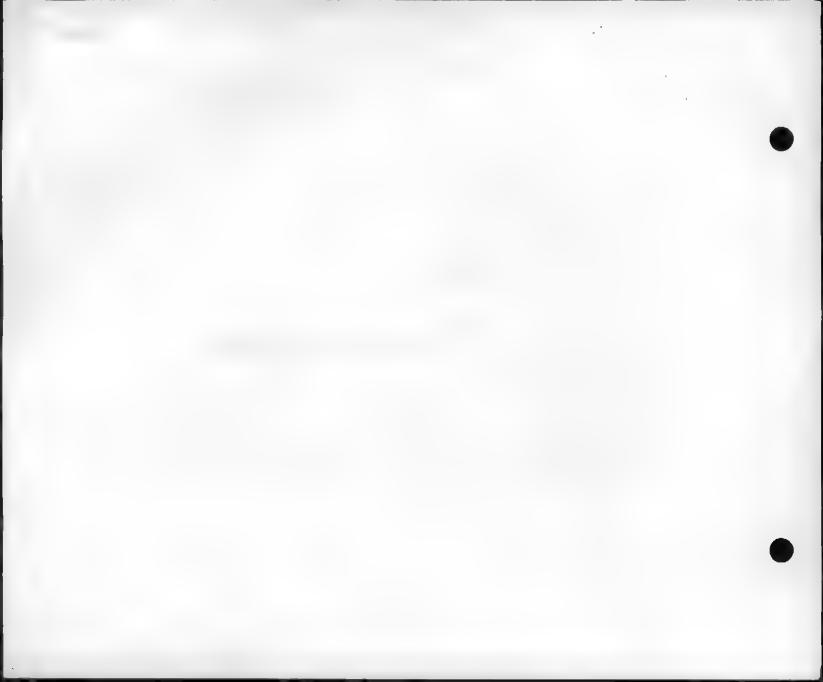
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CERTIFICATE OF DEATH

L							
1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
П	a. COUNTY LIMBRE MARYLAND	" MARYLAND 6 COUNTY -					
	b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn)					
	IDWSON	BALTIMORE					
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e is residence on a farm?					
6	LEATER BAILD. MEDICAL CENTRE	708 AllENDALE STO YES NO					
3	NAME OF First Middle DECEASED (Type or print) ELIZABETH C. BR.	Last 4 DATE Month Day Year OF DEATH OCTOBER 21 1967					
5		DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1F JNDER 24 HRS					
F.		12-6-30 36 yrs. Months Doys Hours Mn					
	o JSUAL OCCUPAT ON (Give kind of work dane tring most of working life, even if retired) 10b. KIND OF BUSINESSOR INDUSTRY 1005 GW 1 FE	11. BIRTHPLACE (County & Stote, or foreign country) 12 (IT ZEN OF WHAT COUNTRY? U.S.A.					
13	HOUSEWIFE FOME	14 MOTHER'S MAIDEN NAME					
1	VILLE WEST CLEMENTS	SELBY (ROBERTA)					
IS	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 II	NFORMANT Address					
(1)	220-20-3412 MI	R. SAMUEL BROWN 708 ALLENDALEST					
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	TO SET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCING MA OF BREAST							
	DUE TO						
	Conditions, if any, which gave (b)						
	stoting the underlying couse last. (c)						
ATTON	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO					
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	Enter nature of impury in Part I ar Part II of item 18.)					
MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d INJURY OCCURRED 20e PLAC While of work at wark	(State) (County) (State) (City or town) (County) (State)					
	21. I certify that (%) (this haspital) attended the deceased fram Sept. 18, 1967, ta OCF, 21, 1967, that (1) (we) last saw the deceased give an OCF, 21, 1967, and that death occurred at 2:15AM, fram couses and on the date stated above.						
	220. SIGNATURE M.D ATTENDING MED STAFF 226. DATE SIGNED W.D PHYS DIRECTOR PHYS (9Cf. 21, 1967)						
	22c PHYSICIAN'S HNQSFACIA E. FABIE	Greatu Beltim med. Centu					
23	G BURIAL, CREMATION, REMOVAL (Specify) 10/25/67 ARBUTUS ME						
2	4. FUNERAL DIRECTOR ADDRESS	2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE					
1	FERDERT E NUTIEN 3035 W. NORTH	ALE DATE OCT 27 1967 Valenda 11					

TE NOSFITM OF ATTINDED FUYSICIMP: The law requires that the death curtificate be exercited within 24 haurs after doubt Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician all campletely director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbbe shauld be filed with the State Dept. of Health prior ta burial, crematian, or remayal, and in any event, we VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13409

				CERTIFICA	XIE.	UF DEATH
ī	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)
	Baltimo	re		MARYLAND		o. STATE Maryland b. COUNTY ANDE AZELNO
	b CITY OR TOWN	If outside corporate limit digite necrest town)	ts,	c. LENGTH OF STAY IN 16		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mount W			3 days.	Į.	Annapolis.
		TAL OR INSTITUTION (If I	ot in hospitor, giv	e street oddress)		d. STREET ADDRESS e is residence on a farm?
	Mount W	ilson State	Hospita	il		Shady Oak, Trailer Court YES IND
3	NAME OF DECEASED (Type or pnnt)		urst KKY	MILTON		BURLESON DEATH 10/26/1967
S	SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B.	B. DATE OF BIRTH 5/18/1909 9 AGE (in years IF UNDER 14 AR IF UNDER 24 HR Syrs. 1 FUNDER 19 Hours Min
	rina most of working	N (Give kind of work done life, even if refired)	iINDt	OF BUSINESS OR ISTRY		11 BIRTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	Asa	Buze	енои		14 MOTHER'S MAIDEN NAME Judie Greene
15 (Y	(es, no, or unknowe)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 24	5-05-9176R	eco	NFORMANT Address ords at Mt. Wilson State Hospital
	IB. CAUSE OF D		11	ADUANCE PARCU	<u>।</u>	D PULMONARY INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony		TO YU	Jose 10 CM	ن ب	2712
	rise to immedia stating the under lost.	te cause (o),	(b) E TO (c)			
AT ON	PART II. OTHER S	IGNIFICANT CONDITIONS		DEATH BUT NOT RELATED	10 TH	THE TERMINAL DISEASE CONDITION GIVEN, IN PARTICIPAL 19 WAS AUTOPSY PERFORMED? YES NO NO
MEDICAL CERTIFICAT ON	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF)	S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURI	RED (E	(Enter nature of injuly in Port I or Port II of Item 18.)
MEDICAL	20c TIME OF INJ Hour 'o p.	URY Month, Doy, Year m. 19	29d INst While of work	Not While		CE OF INJURY (Home, form, 20f (Crty or town) (County) (State) ory, street, office bldg., etc.)
		ify that (I) (this ha eceased alive an_		d the deceased fran 19_ <u>6,</u> and	n that	10/23/, 1967 , ta $10/26/$, 1967 , that (I) (we) it death accurred at 5.158 M, from causes and an the date stated abo
	220 SIGNATURE	Mino	mu	•	M.D	
	22c. PHYSICIÁN'S NAME (Type	William N	ewcomer,	M.D.		Mount Wilson, Maryland
23 13	BO. BUR AL, CREMAT REMOVAL Specif	ON, 236 DATE TH	9-67	230 NAME OF CEMETERY HEGYORIE	OR CI	CEMETERY SPRUCE PINE DC.
1	A. FUNERAL DIRECT	A Talling	60	ADDRESS	H	250. RECD BY RIGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hap is offer the Page 4 may be retained by the hospital or attending physician.

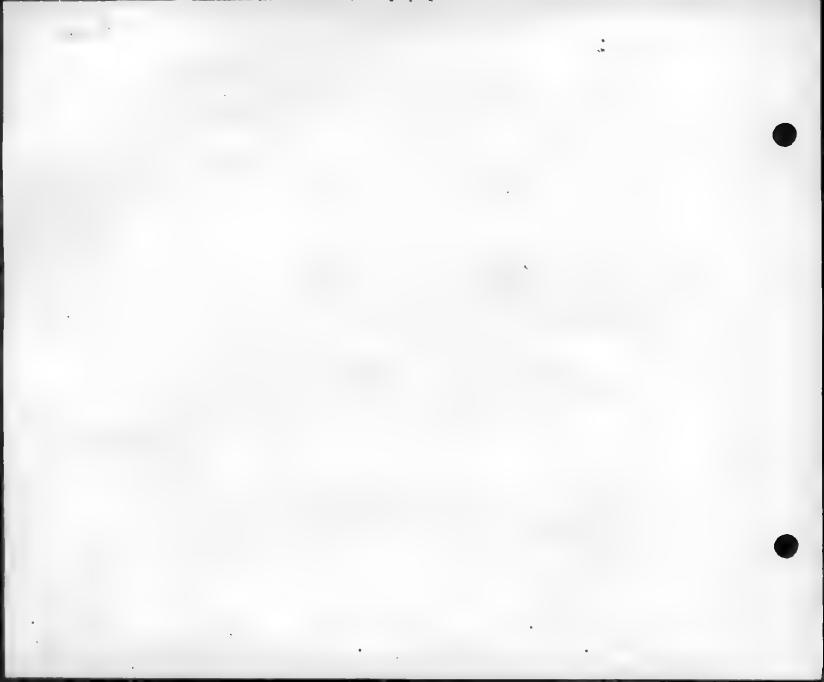
VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13405. 13410 CERTIFICATE OF DEATH within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY ARTOWN (If outside corporate limits, c LENGTH OF STAY IN 16 outside comporate write RURAL and give nearest_town) and afve neorest tawn) /filled ■ pdpers. DOLON (If not in baspita, give street address) STREET ADDRESS IS RES DENCE ON A FARM? 51 YES 🔲 NO NAME OF With 4. DATE Month Lost Doy Year completely/ corboi DECEASED OF 60 11115 event DEATH The law requires that the death certificate be executed 6 COLOR OR RACE R DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED buthday) Months Doys Hours ond in ony WIDOWED DIVORCED au oud 10b. KIND OF BUSINESS OR OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of working life, even if retiged physician (INDUSTRY House wi 14. MOTHER S MAIDEN NAM! removal attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Yes, no, or unknown) i(If yes give wor or dates of service Ö 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH UNKNOWN TIOLOGY IMMEDIATE CAUSE buriol MEGALY UNKNOWN ETIOLOGY Conditions, if ony, which gove nse to immediate couse (o). DUE TO for use as the f Health prior to b stoting the underlying couse hos been YMPHOMA lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ECTROL NO this certificate OR ATTENDING PHYSICIAN: 2Do ACC DENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c, TiME OF INJURY Month, Day, Year (City or town) (County) (State) Hour 'o.m. foctory, street, office bldg., etc.) Not While of work After pe to OCT -21. I certify that (1) (this haspital) attended the deceased fram SEP1's 118 1967 and that death accurred at \$17.7 P.M. from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on OCT-22g SIGNATUR **PATE SIGNED** M.D. DIRECTOR PHYS PHYS director, page should be filed 22d ADDRESS TO HOSPITAL 22c PHYSICIAN NAME (Type) GBMC BURIAL, CREMATION REMOVAL (Spetify) FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Kalt, MOrE c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAs and give necrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 3 YEARS BALTIMORE papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The law requires that the death certificate be executed within 24 GIEN-ARM YES NO event, within 3 NAME OF 4. DATE Month Year DECEASED 10 19 6 DEATH (Type or print) S SEX 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE **NEVER MARRIED** remove Months lost birthdoy) Doys Hours and in any WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY attending physician sermit. Then please ENUSUL VAN IA 1.5A 13. FATHER S NAME crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN: Glen-ARM 17. permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause rrow 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has NO this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month. Dov. Year (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , to . 19____. that (!) (we) last 19 67, and that death accurred at 1245 PM, from causes and on the date stated above. page 3 should e filed with the sow the deceased alive on_10/5 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S director, po -shauld be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. Balt. Oct.11.1967 Sisters Cemetery Glen Arm Burial 24 FUNERAL DIRECTOR Raymond J. Scarlett 2Sb. REGISTRAR'S SIGNATUR Milarley Curran Dr. 20 M 1/66 Towson Maryland



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the forestal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events with 1072 hours after death.

ID HOSTITAL OF ATTINDING PHYTICAM: The low requires that the deoth certificate be executed within 24 hours after

Roge ■ moy be retained by the hospitol or attemding physicion.

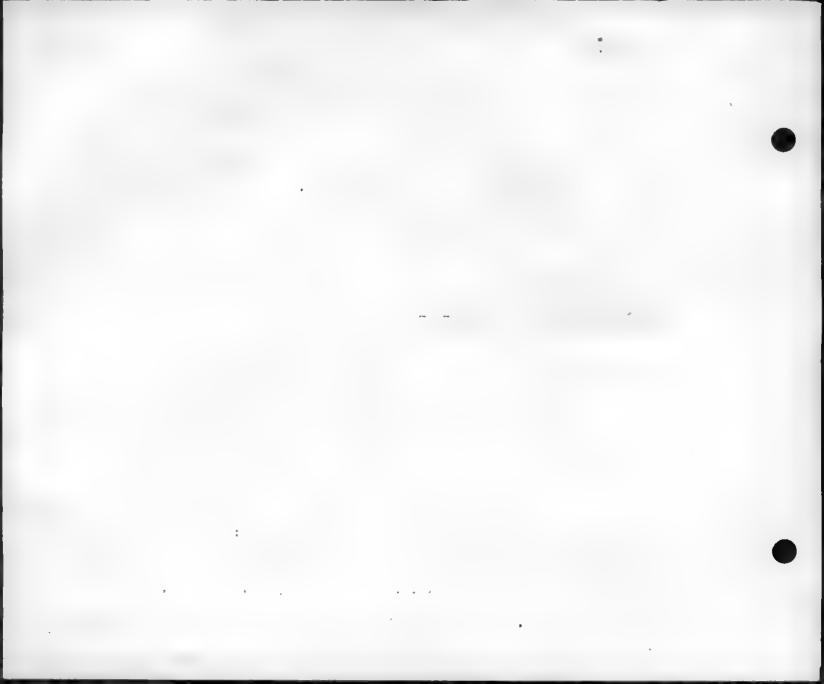
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ATF	OF	DEATH		1341;
W 11 000	01			

	13408				CERTIF	ICATE	OF DEATH			4	134	12	
	PLACE OF DEATH o. COUNTY				MARY	/LAND	2. USUAL RESIDENCE (1 0. STATE Md	Where dece	eosed lived, if institu b. COU		ice befor	e odmissio	on)
	P CITY OF TOWN (t outside corporate limit give necrest town)	s,	c LEN	GTH OF STAY I	N 16	c CITY OR TOWN (If or	utside conpo	prote limits, write RU	JRAL ond giv	e neores	t town)	
	Towson	1			yrs		Balt:	imore				7	- 5
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	give stre	et oddress)		d STREFT ADDRESS					e IS RESID	
	Stella	Maris Hos	pice				3612	Yola	ndo Road				NO 🗶
	NAME OF DECEASED	Fi	rst		M+ddle	-	Lost	4 DATE	Mor	1th	Doy	Yes	ar
	(Type or print)	Edward		S	C	arney	sr.	DEAT		3/67		19	
\$.	SEX	6. COLOR OR RACE	7 MARRIED		NEVER MARRIED		DATE OF BIRTH		9. AGE (n years lost birthdoy)	.F UNDER	Dovs	IF JNDER	24 HRS Min.
	М	W		X.	DIVORCED		7/26/1880		87 yrs	Indititis	0073	110013	MIII
10e	USUAL OCCUPATION	(Give kind of work done	10b Kt	IND OF B	USINESS OR		11. BIRTHPLACE (County	& Stote or	foreign (auntry)		TIZEN OF		
,	Lab works	er		tory			Baltimore			USA	OITIKI .		
13.	FATHER'S NAME			_			14. MOTHER'S MAIDEN	NAME					
	Joh	n Carney					Elizal	beth_	Sweeney				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16.	SOCIAL S	ECURITY NO	17 1	NFORMANT		Add	ress			
П	S C C C C C C C C C C C C C C C C C C C		210		-7407	Hos	spice record	is					
	18 CAUSE OF DE PART I. DEAT	ATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(0)	(o), (b),	11/	ime						ERVAL BET SET AND D	
	Conditions, if ony, rise to immediat stating the unde	e couse (o),			ARC	1/1)		_				
	lost	OMERCANT COMPUTIONS	(c)	TO DEAT	1077 001	ATED TO 1	THE TERMINAL DISEASE CO.	UDIZION C	WELL IN DARK IV.)		110	WAS AUTO	nar v
CATION		-			-		HE TERMINAL DISEASE CO					PERFORM	HO K
MEDICAL CERTIFICATION		SUNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE H	IOW INJURY O	CCURRED. I	(Enter noture of injury in	Port I or P	ort II of item 18)				
MEDICA	20c TIME OF INJU Hour o.r p.r	10	20d Ił While of worl		CCURRED lat While at work		E OF INJRY (Home, farm ary, street, office bldg , etc)		,	unty)		(Stote)
		y that (I) (this hoseceased plive an_1					death accurred at		toLO/23/6 M, fram causes				
	22a. SIGNATURE	Cobut	Mak	Con.	19	M.C	111111	MED. DIRECTOR	STAFF C	¬	ATE SIGN		
	22c PHYSICIAN'S NAME (Type)	/	t J Ma	hon,	M.D.		22d. ADDRESS 2 OL	E. Jo	ppa Rd.,	Cowpso	n		
	BURIAL, CREMATIC	1			NAME OF CEME				LOCATION (City or To		(County		tote)
	Burial	OCU.	25,67	New		dral	Cemetery	Ba	altimlre,	Marh	And		
W	FUNERAL DIRECTO	rooks Tows	on 10	050	ADDRESS York Re	oad .	250 RECT	D BY REGIS		registrar's s	IGNATUR	CE CO	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence y is necessary. Ldirector. Page. or your files. a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naarest town) the funeral director d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ESSEX d. STREET ADDRESS m. IS RESIDENCE ON A FARM? YES INO 4 3. NAME OF DECEMBED OF DEATH (Type or print) OCT. 1967 and 3 to with 72 h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2 wit last birthday) WIDOWED | please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, an 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m O FUNEBAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2. Health or its designated agent, prior to burial, cremation. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MD. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordalesofservica) 18. CRUSE OF DEATH [Enter only one sause per line for [a], (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Conditions, if eny, which gave rise to immediate couse **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of impury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20s. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) [State] factory, street, office bldg., etc.) White Not White al work el work 21. I certify that I took charge of the remain's described above, held an Autopsy ... Inspection ... and in my opinion death resulted from: Natural causes I Accident Suicide . Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1 EXAMINER'S MORNINGTON PANGERS (Street, city, town, or county)

22c. NAME OF CEMETERY OR CREMATORY

22d. 10CATION C NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) REMOVAL (Specify) SACRED 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 300 5M 1/63 PATO 0



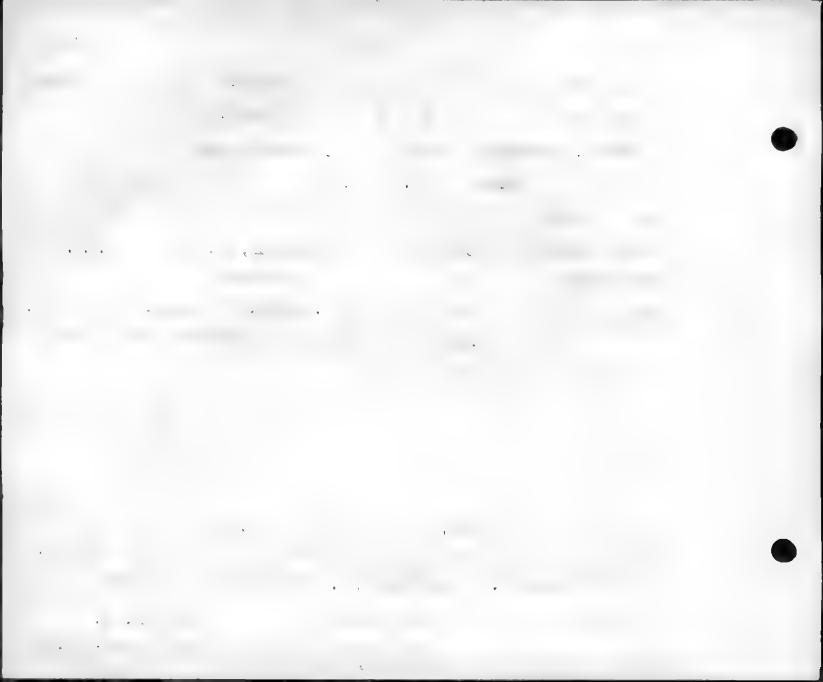
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13414

I DIACE OF BEATU								
1. PLACE OF DEATH					CE (Where deceased			
o. COUNTY B	ALTIMORE		MARYL	O. STATE MA	RYLAND	5 COUNT	ANNE A	RUNDEL
b CITY OR TOWN (IF	outside corporate limits,	c 1	ENGTH OF STAY IN		If outside corporate	limits, write RURA	1 and give neare:	st town)
FORT HO	giye neprest town)		23 DAYB		NAPOLIS		3	,
	OR INSTITUTION (If not in	in hospital, give st	reet oddress)	d. STREET ADDRESS				e IS RESIDENCE
VETERANS	ADMINISTRAT	TION HOS	PITAL	57 CALVE	RT STREE	P		ON A FARM? YES NO
NAME OF	First		Middle	Lost	4 DATE	Month	Do	Year
DECEASED (Type or print)	GEOF	RGE	B.	CARROLL	OF DEATH	OCTOBE	R 18	19 67
SEX	6. COLOR OR RACE 7	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. 1	AGE (In years	IF UNDER 1 YEAR Months Doys	IF JNDER 24 HRS
MALE	NEGRO	WIDOWED	DIVORCED	1/21/06		ost birthday) 51 yrs.	Months Doys	Hours Min
SUAL OCCUPATION (Give kind of work done	10b KIND OF	BUSINESS OR	11 BIRTHPLACE (Co	unty & State or foreig	gn country)	12 C TIZEN O COUNTRY	
KTECHEN H		COLLE		ANNAPOI	IS. MARY	LAND	U.S.A	
FATHER S NAME				14. MOTHER'S MAID				-
AMES CARR				IRENE	EMITH			
WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war or dates of se	Manual	SECURITY NO	17 INFORMANT		Address		
YES	WW II	214	14 33 23	CLIN.RECORE	S, VA HO	SPITAL,	FT HOWAI	RD, MD.
	TH (Enter only one couse		, , , , ,					ERVAL BETWEEN
PART I DEATE	WAS CAUSED BY IMMEDIATE CAUSE (o)	SQUAM	OUS CELL	CARCINOMA, M	ETASTATI(C OF MEC	K MC	THE DEATH
171,7	DUE TO							
Conditions, if ony,	which gove) (b)							
rise to immediate stating the underl	which gove) (b) couse (o), (DUE TO							
rise to immediate	which gove) (b) couse (o), (DUE TO							
rise to immediate stating the underliast.	which gove couse (o), ying couse (c) (c))	ATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE	COND T ON GIVEN	IN PART I(o)	19	WAS AUTOPSY PERFORMED?
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rise to immediate stating the underly tost. PART II. OTHER SIG OR CONTRIBUTING E (IF EITHER, NOTIFY MOUNTED THE CONTRIBUTING E CONTRIBUTION	which gove couse (o), ying couse (o), ying couse (c) DUE TO (c) NIFICANT CONDITIONS CON INDERLYING INCLUDED IN THE EDICAL EXAMINER) IN Month, Doy, Year In that (IX (this haspit eased alive an IX) GEORGE C.	206 DESCRIBE 206 DESCRIBE 206 INJURY While of work 101 aftended f MC ELF	OCCURRED Nor While of work he deceased free 19 , ar	URRED (Enter noture of injury 20e. PLACE OF INJURY (Home, factory, street, affice bldg., rom. 9/25/67 and that death accurred M.D. ATTENDING PHYS. M. D. 22d ADDRESS WAH	form 20f (etc.) 20f (etc.) ab to AM, in MED DIRECTOR CORT HOWA	of item 18) City or town) 10/18/6 from causes of Phys RD, MARY	(County) 7, 19, that on the data 22b. DATE SIGN	PERFORMED? (State) (State) (State) (State) (State) (State) (State)
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rise to immediate storing the underliast. PART II. OTHER SIG 200 ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY MOUNTED TO THE CONTRIBUTION OF THE CONTRIBUTION	which gove couse (o), ying couse (o), ying couse (o), or consistent to the post of the pos	206 DESCRIBE 206 DESCRIBE 206 INJURY While of work 101 aftended f MC ELF	OCCURRED Nor While of work he deceased free 19 , ar	URRED (Enter noture of injury 20e. PLACE OF INJURY (Home, factory, street, office bldg.) rom. 9/25/67 and that death accurred M.D. ATTENDING PHYS. CATTENDING 22d ADDRESS W. D. VAH ERY OR CREMATORY	form 20f (etc) 20f (ph. 20f M, ph. MED DIRECTOR DIRECTOR 23d. 10CA	of item 18) City or town) 10/18/6 from causes of Phys RD, MARY TION (City or Town)	(County) 7, 19, the date on the date 22b. DATE SIGN 10/2	PERFORMED? (State) (State) (State) (State) (State) (State)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Lages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 71 hours offer deat VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH o COUNTY " b. COUNTY within 24 hours after MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SWRS Godays Baltimore d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? Medical Center Baltimore NO Z 3. NAME OF Year DECEASED October 19 61 (Type or print) DEATH S SEX AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED lost birthdov) Months HOURS 07-12-88 WIDOWED a yrs 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be COUNTRY? during most of working life, even if retired) INDUSTRY buriol, cremation, or removal, and OLUWER. H tore 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o) signed by the burial-tronsit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse WAS AUTOPS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 2Do ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port) or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENER MEDICAL 2De. PLACE OF INJURY (Home, form, 2Dd INJURY OCCURRED (C ty or town) (County) 20x TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Hour 'o m. ot work at work 21. I certify that (this haspital) attended the deceased framsaw the deceased alive an 19/2, and the or, page 3 should Id be filed with the 19 (1), and that death accurred at 9.3CAM, fram colless and an the date stated above TO FUNERAL DIRECTOR: 220 SGNATURE M.D 22c PHYSICIAN'S O HOSPITAL NAME (Type) shoul 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Baltimore MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town) Baltimore Towson S RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Street ADDRESS 8417 Pleasant Plains Road St. Josephs Hospital NO M Middle 4 DATE Manth 3 NAME OF Last Day Year DECEASED (Type or print) Alexander 19 67 12 CARSWELL. October IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 7 MARRIED **NEVER MARRIED** lost birthday) Months male white WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 81RTHPLACE (County & State, or foreign country) 10g, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Gru Scotland etired Sunt 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alexander C. Jessie M. McGilchrist 36 SOCIAL SECURITY NO 17 INFORMANT Address WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war at dates of service) 306-10-4372 Mrs. Margaret Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED 8Y INTERVAL BETWEEN ONSET AND DEATH Cardial arrest IMMEDIATE CAUSE (a) DUE TO Acute Myocardial Infarction Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Arteriosclerotic Heart Disease lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Hour o.m. Not While factory, street, office bidg., etc.) of wark of work 19 67 ta 10/12 10/12 21. I certify that (I) (this haspital) attended the deceased fram_ and that death accurred at 6P saw the deceased alive an 10/12 M. from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS 10-12-67 DIRECTOR M.D. PHYS.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

22c PHYSICIAN'S

23a 8URIAL CREMATION. -REMOVAL (Specify)

NAME (Type)

24 hours after death

law requires that the death certificate be executed-within

funeral

thled in by the full papers. Pages 1 thin 72 haurs after

and campletely remove carbon

signed by the attending physician and campletely thlee burial-transit permit. Then please remave apparagion, bunal, cremation, ar removal, and in any event, within.

attending phys

has been :

ADDRESS 24 FUNERAL DIRECTOR

23b. DATE THEREOF

Jaime Singzon, M.D.

Dulaney Valley Cemetery Baltimore .Md. 2Sq. REC D 8Y REGISTRAR

7620 York Rd., Towson, Md. 21204

23d LOCATION (City or Town)

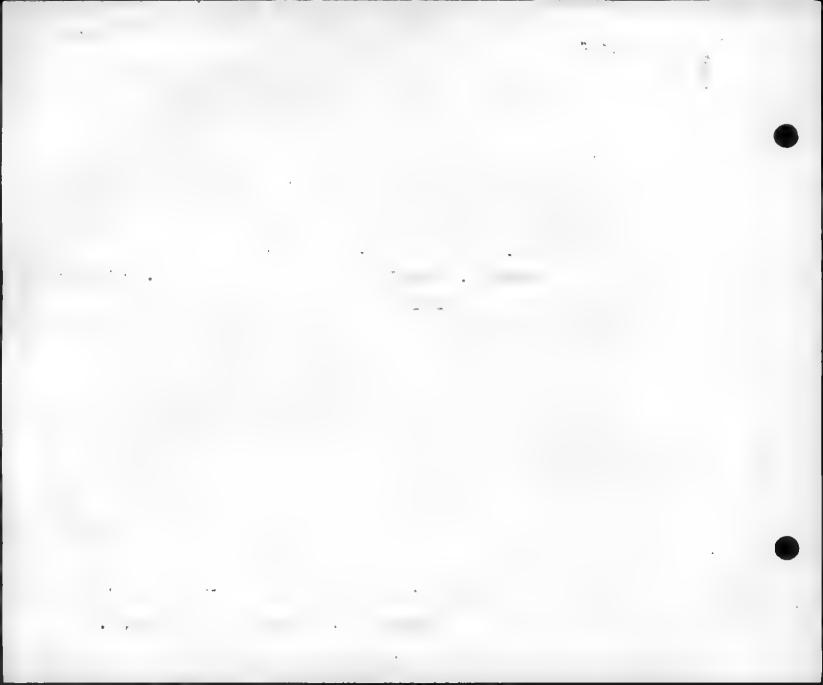
22d. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

2Sb REGISTRAR'S SIGNATURE

(County)

(State)



40140	DIVISION OF STATISTICA	r KESEAKCH	AND RECOR	D3, 301	W. PRESIDE SIKE	CI, BALI	IMURE, MAKTI	AND 212	UI .
13413			CERTIF	ICATE	OF DEATH			1	3417
1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deced			e before admission)
Baltimor			MARY	I dna I	D STATE		b (00)	NIY Limore	
	If outside corporate limits,	101	ENGTH OF STAY IN		Maryland	Itside rotnor			
write RURAL an	d give nearest town)	1	LITOTI OF STATE A	1	a cirr ok romi (ii oo	rosec corpor	010 M(015), 45-10 10	iate ona give	-
Towson					Towson				
	AL OR INSTITUTION (If not in	hospitol, give st	reet oddress)		d STREET ADDRESS				e 15 RES-DENCE ON A FARM?
	seph Hospital				104 E. Su			#21.20	O4 YES NO
3 NAME OF DECEASED	First		Middle		Lost	4. DATE	Mon	th	Doy Year
(Type or print)	John	L.	Joseph		Caslin	OF DEATH			23 19 67
S SEX	6 COLOR OR RACE 7	MARRIED	NEVER MARRIED	□ 8	. DATE OF BIRTH		9 AGE (n years	IF UNDER 1	
Male	White W	IDOWED 🔂	DIVORCED	□ A ₁	ugust 2,191		lost birthdoy) 55 yrs		Days Hours Mil
	(Give kind of work done		BUSINESS OR		11. BIRTHPLACE (County	& State, or f	oreign country)		ZEN OF WHAT
during most of working Attorne		rittori	rey at L	aw	Texas, M	arvla	nd		J.S.A.
13. FATHER S NAME		1			14. MOTHER'S MAIDEN I	NAME			
9-t-int	J. Caslin				. dna D. He	מנוממים			
	R IN U.S. ARMED FORCES?	14 COCIAL	SECURITY NO.	17 8	NFORMANT	3000785716	Addr	DC6	
(Yes, ng, pr unknown)	(If yes give, war or dotes of sen	rice) Id. SUCIAL	SECURITI NO.	_			Adur	232	
Yes	VV 11	1		Fa	nily record	1			
	EATH (Enter only one couse po	er line for (a), (1	o), and (c).)						INTERVAL BETWEEN
PART DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a) _	Carcin	omatosis	5 - D	rimary site	unde	termined	.	ONSET AND DEATH
1111	DUE TO								
Conditions, if any	and fall and a								
rise to immedia	e couse (a),								
stating the unde	riving couse								
lost.	(c) "								
PART II. OTHER S	GNIFICANT CONDITIONS CONTR	IBUTING TO DEA	TH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	IDITION GIV	EN IN PART I(a)		19 WAS AUTOPSY PERFORMED?
8									YES TO NO
	S UNDERLYING [] CI CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRIBE	HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Po	rt II of item 18}		
20c. TIME OF INJ	URY Month, Doy, Year	20d. INJURY	OCCURRED	20e. PLAC	E OF INJURY (Home, form	n, 20f.	(City or town)	(Cou	nty) (Stote
Hour o.	m. 10	While	Not While	focto	ry, street, office bldg., etc.)				
p.	114	ot work L	of work	, ,				0=10	(m.) . 07 / 1
	fy that Of (this hospital eceased alive on the	I) attended t	the deceased z_19 <u>67</u> , a	tram <u>.O</u> ind that	death accurred at	757. 1:154	M, fram causes	ئے 19رکے ہے۔ and on th	e date stated abo
22o. SIGNATURE		cule		M.D	ATTENDING	MED	STAFF =	22b. DA	TE SIGNED
22c PHYSICIAN'S		ma	-	ע,ואי	22d ADDRESS	DIRECTOR	L PHYS E	D July 2.	717
NAME (Type	Reynaldo Or				7620 Yor	k Rd.	, Towson	, Md.	21204
230 RIID AL CREMATI	OM 236 DATE THEREO	23,	NAME OF CEME	TEDY OF C	PEMATORY	234 1	OCATION (City or To	um) ((County) (State)

VR A15 (4) 20 M 1/6E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, Pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 22-hours after

REMOVAY (Specify) 24. FUNERAL DIRECTOR

Sons, Towson, i'm land

Vulane" ADDRESS

1. llen ~moria

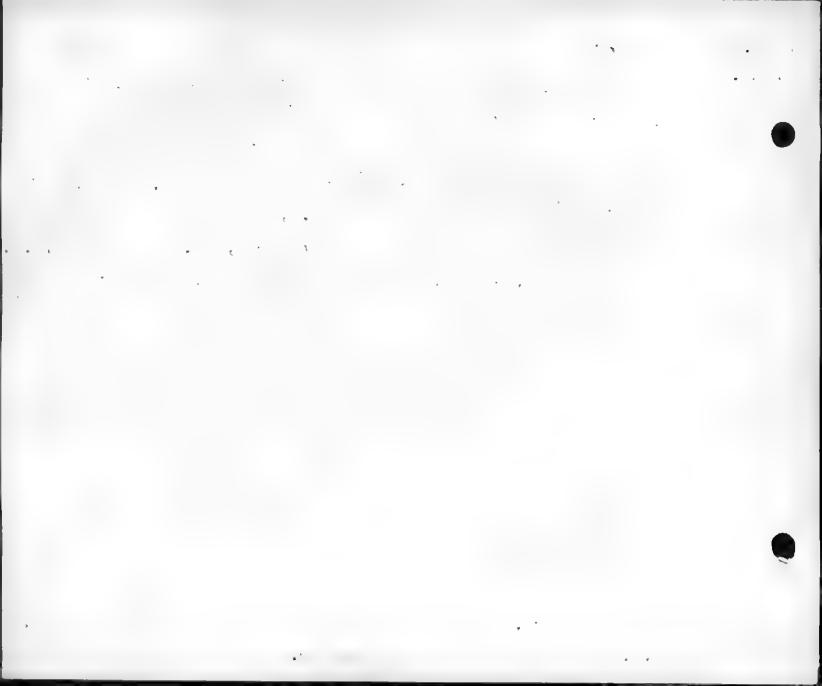
0 REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE 2Sb. **nct 25**



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived function Residence before admission) o COUNTY ARylunce COUNTY Ballinose TIMORE Sortment of MARYLAND c LENGTH_OF STAY .N Ib Parkvule-Com & NAME OF HOSPITA. OR INSTITUTION (If not in hosp tol give street oddress) d STREET ADDRESS form should be forworded to the Chief Med col Examiner's Office along with NAME OF DECEASED 14ARLOIS & bunol-tronsit permit. File pages Land 2 with the 196 OCT. S SEX 9 AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost buthday) FEB. 8. in ony event within 72 hours ofter death. WIDOWED DIVORCED 10o USUA, OCCLPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT .06 KIND OF BUSINESS OR during most of warking fe, even if retired) IND.,STRY BALTIMORE, 14 MOTHER'S MAIDEN NAME AT HOME NONE 13. FATHER'S NAME pencil CATHERINE 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no, or unknown) (If yes give wor or dotes of service C. RAYMOND MCLAUGHLIN .8 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY: NTERVAL BETWEEN IMMEDIATE CAUSE (o) cote should the word DUE TO Conditions, fony, which gove) rise to immediate cause (a), DUE TO stoting the underlying couse 0 be used or removol, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART 1(a) PERFOR MED? YES NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of mury in Part L or Part II of item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) (Stote) 20¢ TIME OF INJURY Month, Day Year foctory, street office bidg letc.) Hour am. OT WORK ot work 2) I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion the funeral director. death resulted from. Natural couses Accident | Suicide . Homicide 🗍 Undetermined manner 5 may be retaine TO FUNERAL DIRE Heath prior to t CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city town or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23g LOCAT ON (City or Town) 230 BURIAL CREMARION PURIAL (Specify) MEMORIAL 24 FUNERAL D RECTOR 250 RECD BY REG STRAR VR ATSME

MEARS & SON 805 N. CALVERT ST



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Pages I and South death

by the funeral

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

McCully Bineral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 in the state Dept.

1341			CERT	TIFICATE	OF DEATH			13	419
DLACE OF DEA	Baltimore	3	N	MARYLAND	2. USUAL RESIDENCE o. STATE	CE (Where deced Marylan	5 COU	NTY	fare admission)
b CITY OR TO write RJR# For	WN (If outside corporate limit Land give nearest tawn) 't Howard	5,	c. LENGTH OF STA		COTY OR TOWN (1)	l autside compor l timore	ate limits, write RU	RA1 and give near 21225	rest tawn)
	ospital or institution (if a	1 . 4	ve street address)		d. STREET ADDRESS		A Arranta		e IS RESIDENCE ON A FARM? YES NOW
3 NAME OF DECEASED	Fi	rs†	Middle	CUDT	lost STOPHER	4 DATE OF	Man		ay Year
(Type or print) 5 SEX Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MAR	RIED 8	8/4/91	DEATH	9. AGF n years to "irthday) 7% yrs	F UNDER 1 YEAR Manths Days	
	ATION (Give kind of work dane rking life, even if retired)	IND	D OF BUSINESS OF USTRY Siness B		Baltimos	re. Mar		12 CITIZEN COUNTRY U.S.	у 7
15 WAS DECEASE	Richard C) DEVER IN U.S. ARMED FORCES? IWn) (If yes give wor or doles. WW I	of service) 16. SC	ner DCIAL SECURITY NO 3-01-95-			nna Bla	Addr		
PART I. Conditions, in rise to imme	OF DEATH (Enter only one can DEATH WAS CAUSED BY. IMMEDIATE CAUSE fony, which gave adiate cause (a), underlying couse	(o) <u>LYM</u> TO (b)	oj, (oj, ond (d.) 1PHOSARC	OMA					NTERVAL BETWEEN OUSET AND DEATH MONTHS
SO ACCIDEN	ER SIGNIFICANT CONDITIONS (T WAS UNDERLYING ITING CAUSE OF DEATH				THE TERMINAL DISEASE				PERFORMED? YES NO
(IF EITHER, NO	F INJURY Month, Day, Year orm. 19	20d. INJ While at wark	URY OCCURRED Not White of work		CE OF INJURY (Hame, ary, street, affice bidg ,		(City or town)	(County)	(State)
21. I c saw th 22a SIGNA	ertify that \$\frac{1}{2}\$ (this has be deceased alive an	pital) attende Oct. 21	ed the deceas 19 <u>67</u>	ed fromi _, and that	Sept. 7 I death accurred	, 1967 at <u>11:00</u> 1	Mram causes	and an the d	ate stated abo
22c PHYSIC NAME (IAN'S	GORIS,		• M.C	PHYS L_ 22d ADDRESS	DIRECTOR	FORT HOWA	N 10/2:	-
230 BJRIAL, CRE REMOVAL (S Buri	pecify) 10/2	ere of 24/67	Do d	H111	crematory ional Ceme	23d 1	OCATION (City or To Ba ltimore	wn) (Cour	and (Stote)
24. FUNERAL DII	RECTOR		237 Pa	tapsco	2So. 1	OCT 24	RAR ZSb R	EGISTRAR S STGNAT	TURE

Baltimore, Maryland

I á Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

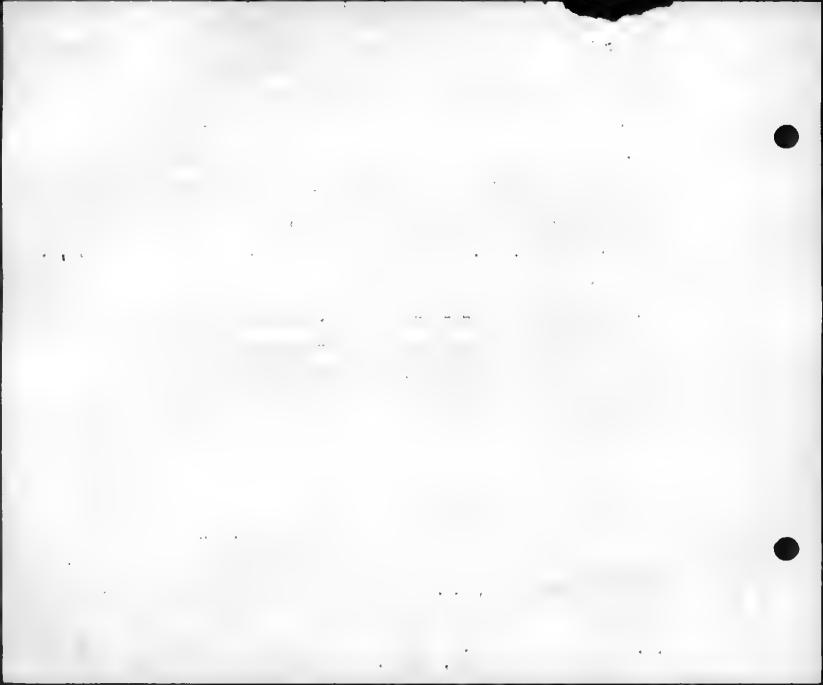
	_	2519			CERT	IFICATE	OF DEATH	l		3	13年	20
		PLACE OF DEATH					2 USUAL RESIDEN	CE (Where dece	ased lived, if insti	itut an: Residenc	e before ac	dm ssion)
		Baltimor				ARYLAND	g STATE Marylan				T	
	E		f autside corparate limit l give nearest tawn)	s,	c, tength of sta	Y IN 1b	c CITY OR TOWN (ff autside corps	arate limits, write l	RURAL and give	nearest to	
		Towson				'	Baltimo		#21218			24-6
1	(AL OR INSTITUTION (If n		ive street address)		d. STREET ADDRESS				0	S RES DENCE ON A FARM?
			eph Hospit	al.			627 Par				YES	□ NO 💂
1		NAME OF DECEASED	F	rst	Middle		Last	4. DATE	i Mi	anth	Day	Year
		(Type ar print)		ank	Hender		CLARK		H October		10	19 67 UNDER 24 HRS.
	5 3		6 COLOR OR RACE		NEVER MARR		B DATE OF BIRTH		9 AGE (n years last birthday)	Months		daurs Min.
	10.	Male	White (Give kind of work done	WIDOWED	DIVORO ND OF BUSINESS OR	TED LIJ	une 24, 1	900	67 yrs		IZEN OF WI	LAT
	dura	na most af warking	life, even af retired)	100	YATZUC		11. BIRTHPLACE (Co			(0.	JNTRY?	AAI
		FATHER S NAME	3&U and D	ept. c	of Recre	atio	Baltimo	re Mai	cyland		US	A
		rank H	Clark				Unkno					
			R IN U.S. ARMED FORCES?	1 16 5	OCIAL SECURITY NO.	17 1	NEORMANT	MIT	A.c.	ldress		
	(Ye	s, na, ar unknawn)	(If yes give war ar dates	of service)	_						1	
		NO CAUSE OF DE	ATH (Enter only one co		-03-117	OIM	rs.Hildr	eth E	. Clark		Sent	AL BETWEEN
	Н		H WAS CAUSED BY:			1 7 .		4.2				AND DEATH
		4201	DUE		onary e	m boll s	m & infar	ction				
		Conditions, if any, which gave) (b) Intramural thrombosis										
		rise to immediate stating the under		. /								
	Н	last)	(c) Acut	e myocar	dial i	nfarction	1				
_	2	PART II. OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT R	RELATED TO 1	HE TERMINAL DISEASE	CONDITION G	VEN IN PART 1(a)		19 WA	AS AUTOPSY REORMED?
- Walley	CERTIFICATION										YES [
	ZTE	20a. ACCIDENT WAS	UNDERLYING []	205. DES	CRIBE HOW INJURY	OCCURRED.	Enter nature of injur	y in Part I ar P	'art II af item 16.)			
			MEDICAL EXAMINER)									
	MEDICAL	20c TIME OF INJU	IRY Manth, Day, Year	20d IN White	JURY OCCURRED Nat While		E OF INJURY (Hame, ary, street, affice bldg.		(City or town)	(Cau	nty)	(State)
	×	ς p.n	n. / 19	at wark	L at wark L	1	,					
	Н	21. I čerti	ty that (1) (this ho	spital) attend	led the decease	d framSe	ptember 1	6, 19_67,	to Octobe	<u>=r_1019_</u>	67 that	(1) (we) las
		22g. SIGNATURE	eceased alive on O	ctober	10 19-6-5	, and that	death accurred	011:50	ypyram cause		ie date s ATE SIGNED	tated above
		220. SIGNATURE	1 (208	7)	M.E	ATTENDING	MED.	STAFF PHYS.			22 20/
		22c PHYSICIAN'S		7		141.5	PHYS. L. 22d. ADDRESS	DIRECTOR	L- PR73.	X- Uci	ober	11,196
		NAME (Type)	Almo Gay	050. M.	D.		7620	York	Road	Towson.	Mar	yland
	23a.	. BURIAL, CREMATIO	N 23b, DATE TH		23c NAME OF CE	METERY OR (LOCATION (City or		(County)	(State)
		REMOVAL (Specify) Burial	10/14		Pipe	Creel	ζ.	N	ew Wind	sor.	7	Md.
	T.74	FUNERAL DIRECTO			4905 Yo	mle D	2Sa	REC'D BY REGIS	STRAR 2Sb	PERSISTRAP'S SI	GNATURE	140.
	II e	M . a attk	1112 00 2011	Dolla	4700 IC	TEN IN	Dad DAN	UI 11	1967	Charle	D July	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor-papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 7 A hours off



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FOR STATE	Item 20 Film DIVISION OF VITAL RECORDS, 301 W. PREST	CERTIFICATE OF BEATH	13421
HEALTH DEPT	I PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased led it institution	Residence before admission)
L 16 8 2 2 L	a COUNTY Baltimore MARYLAND	o. STATE b. COUNTY Maryland	
delay is 2, and 3 to PM3. Page	b CITY OR TOWN (If autside carparate mits, c LENGTH OF STAY IN 16	c CITY OR TOWN (+ autside corparate limits, wate RURAL	and give nearest town)
delc and PM3. P	write RURAL and give nearest tawn) Towson 4	Baltimore 21206	
E o	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
with for	St. Joseph Hospital	4611 Ridgeway Roadys A	Doy Year
fer death Give Peace on with fo	DECEASED (Type or print) That B.	Clark OF October	Doy Year 28 1967
Giv Giv	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (n years	F UNDER 1 YEAR IF UNDER 24 HRS
18. 18. 2 w 2 w ath.	Female White WIDOWED X DIVORCED	2-11-1877 90 yrs	Months Days Haurs Min
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. GiverPoss 4 should be farwarded to the Chief Medical Examiner's Office along with it files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statiotian, ar removal, and in any event within 72 hours after aeath.	Da USUA. OCC.PAT ON (G ve kind of work done during most of working hie, even if retired) Clark Clark IDD KIND OF BUS NESS OR INDUSTRY Iehigh Italyah Vallev Ray	Railroad York	12 CITIZEN OF WHAT COUNTRY?
m 24 In In In In In In I	Clerk 13 FATHER'S NAME Austin	14 MOTHER'S MAIDEN NAME Francelia Wa	
rithi penc amir amir e po	/Auston C. Mead	Frances Mood	
EX PER MANAGEMENT AND A SECOND AND A SECOND A SE		INFORMANY C. Address	
ng" od ca ermil	No 715-16-9498	Mrs Ruth Harson 4611 Ridgew	
e ax pend ef Me ssit pi	IB. CAUSE OF DEATH (Enter only one cause per lime for (a) (t), and (t)) PART I DEATH WAS CAUSED BY	my Frankale	ONSET AND DEATH
e e e e e e e e e e e e e e e e e e e	IMMEDIATE CAUSE (a)	189	SUBOUGH.
thau the the any	(Conditions, if any, which gave) (b) Trac / INC	or helt Hip	48/10
of the date of the	rise to immediate cause (a). stoting the underlying couse DUE TO		
trifice arde d as	last y (c) PART OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT ON CHIEN N. DADT 1(a)	I 10 WAS A TOPSY
his certifica ate, writing e farwarde be used as emaval, anc	PART I OTHER SIGNIF CANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RESALED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d)	19 WAS AUTOPSY PERFORMED? YES NO
Thus be be rem	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part Lor Part Laf term 18)	1,10,11
INTR: The certification is should be files. 3 should tran, ar r	PRIMARY Or CONTRIBUTING EX Fell in bedro		
TAL EXAMINE: This cert; se execute the certificate, writer. Page 4 shauld be farwated for your files. ECTOR: Page 3 shauld be used burial, crematian, or remaval,		LACE OF INJURY (Hame farm, 20f (City or town) indoxy, street, affice b dg , etc.) Rullertor	(County) (State)
E IXAM ecute th Page 4 or yaur R: Page I, cremo	7.20 pm 000.20 19 07 of work at work		
ALEXAM blease execute the director. Poge 4 etained for your DIRECTOR: Page 15 bund, cremon 15	21. I certify that I took charge of the remains described above death resulted from Natural couses Accident Su		
	///// 1	CH EF MEDICAL EXAMINER	
ITY in the interior in the prior to burned pri	SIGNATURE Charles To Donne	M D ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED
u TEPLITY necessary, please ex the funeral director. 5 may be retained for the funeral by the formula for the formula for the formula for the formula for the formula	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.I	DEPLITY MEDICAL EXAMINER Address (Street city town, or county)	10/28/67
neces the fit 5 ma 7 Euth Heath	230 BUR AL, CREMATION. 235 DATE THEREOF 230 NAME OF CEMETERY O		(Caunty) (State)
10 THE	REMOVAL (Specify) Burial 24. FINERAL DIRECTOR ADDRESS ADDRESS		TRARS SIGNATURE
VR A15ME (5) 6M 1/67		(30)	TAR S SIGNATURE
	Langahn dumus Home 240/ Bile	196/ 1 196/ /C	Land Kenton



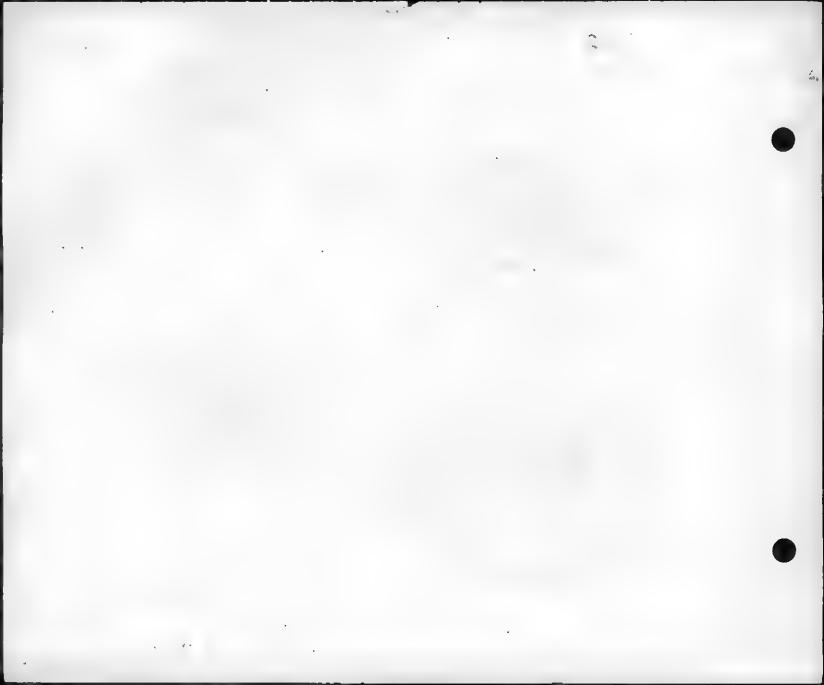
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12418

CERTIFICATE OF DEATH	1342	2
a COUNTY	Where deceased lived, if institution Residence before b. COUNTBaltimo:	odmission)
b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b C CITY OR TOWN (If o	utside corporate limits, write RURAL and give nearest	
	nsville	
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS		TS RESIDENCE ON A FARM?
	mont Ave	S NO
Odd Lost A. Middle Codd Lost A. Middle Codd	OF October 24	19 67
S SEXMale 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH WIDOWED DIVORCED July 1st,		Hours Min
during most of working life, even if retired) Clark State Roads Comm. Mai	(& Stote, or foreign country) 12 (ITIZEN OF N Cyland 150 UNITRY?	TAHW
13. FATHER'S NAME TO TO COOLD 14. MOTHER'S MAIDEN	NAME rine Sinnott	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT	Address	
	Codd 14 Beaumont Av	е.
18. CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LEVEL Vaseular (a seular de ce		YAND DEATH
DUE TO		0
(b) Utako Selaro Sec		10-28
stating the underlying cause stating the underlying cause DUE TO last.		
PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CO		VAS AUTOPSY PERFORMED?
Is virewel eft them place a due to levelal	Throndo sel YES	
20a ACCIDENT WAS UNDER YING D 20b DESCRIBE NOW INJURY OCCURRED (Enter nature of njury in (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a m. 20c Time Of Injury Month, Day, Year Haur a m.	Part I or Part II of rtern 18)	
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Hame, far factory, street, office bldg, etc.)	m, 20f (City or town) (County)	(State)
Site a work - a work -	19 62 to CCT 1962 tha	t (1) (we) In
saw the deceased alive an (2) 196 and that death occurred a	19 6 ta , 196 tha	stated abay
ATTENDING ATTENDING	MED STAFF	des
22c PHYSICIANS 22d ADDRESS 22d ADDRESS	DIRECTOR LI PHYS LI	46)
NAME (Type) J NOCAN	celting ore, M.C. 2	1229
230 BURIAL (REMATON, REMOVAI (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Cathedral Cometer	23d LOCATION (City or Town) (Caunty)	(State)
24 FUNCTOR TOPICSOR	y Bolto Mac	1
Farley Cavanaugh Funeral Home Ave.		0
		1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the faceral director, page 3 should be detached for use as the buriol-trans:t permit. Then please remove carban pagers. Pages Line 2 should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be reto ned by the hospitol or attending physicion

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Holly Hill Manor 901 E. Alst YES NO IX 3 NAME OF First Middle DATE Lost Month DECEASED Milton E. Oct. Conner 67 (Type or print) DEATH NEVER MARRIED S. SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years YEAR IF UNDER 24 HRS last hirthday) Months Dovs Hours W WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Machanic Refrigeration 13. FATHER'S NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Miss Mary A. Smith (Same Yes 18. CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove ? rise to immediate cause (o). **DUE TO** stoting the underlying cause WAS AUTOPS PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? K0 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item IB.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT: FY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (County) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (City or town) (State) Hour 'o.m. foctory, street, office bldg., etc. ot work at work 21. I certify that (1) (this haspital) attended the deceased from Junit 20 1967, and that death accurred at 7 45AM, from causes and on the date stated obove saw the deceased alive on_Co 22a SIGNATURE DATE S GNED M.D. PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN NAME (Type) Dr. Laurence C. Post 6805 York Road 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE THEREOI 23d LOCATION (City or Fown) (County) REMOVAL (Specify) Baltimore National Burial Baltimore FUNERA DIRECTOR W. Jenki 25b REGISTRAR'S SIGNAT 250 REC'D BY REGISTRAR Sons

hours after death

OR ATTENDING PHYSICIAN: The law remaines that the death certificate be executed within

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remayal,

crematian,

signed by the burial-transit

certificate has

After

TO FUNERAL DIRECTOR:

25M 1/67

O HOSPITAL

director, page



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13424

- I		CERT	III	OI DEATH			
100		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institu	tion Residence before admission)	_
1	C	O. COUNTY BALTO MA	RYLAND	o. STATE	b. CO t	INTY	
2	ŀ	CITY OR TOWN (If outside corporate limits.		r CITY OR TOWN (If or	utside corporate limits, write Rt	IPAL and a ve pentest town)	
		write RURA, and give nearest town)	241	D		IKML DITO G AS USDIES! TOME!	
	(CHKKISON	OZL	DAITIN	ORE		
	d	1. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address)		d STREET ADDRESS	17	e IS RESIDENT	CE
3		FOX LEIGH NURSING HOM	E	6737	WIL MONT	AVE YES NO	
		NAME OF First Middle		Lost	4 DATE Mor		
		DECEASED (Type or pnot) BERTHA	(ONWAY	DEATH 10	1964	,
	5 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR		DATE OF BIRT	9 AGF (in vents	IF UNDER 1 YEAR IF UNDER 74	
	F	FMALE III/ WIDOWED DIVORG		9-1-8	3 lost by theory)	Months Days Hours 1	Mirt.
	1Do	USUAL OCCUPATION (G. ve kind of work done 10b. KINO OF BUSINESS OR	-10		& State, or foreign country)	12 CITIZEN OF WHAT	
	duni	ng most of we ng life, even if retired) INDUSTRY		Md.	e atole, or rotely intocally)	COUNTRY 2	
		House-wife At Home	_			U. S. A.	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN			
ı		Charles Liebno		Wilhelmi	ina Kluth		
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 1	NFORMANT	Add		
	[765	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 16, TOO, TO JUNE 100 100 100 100 100 100 100 100 100 10	3 Mrs	G.Gwendoly	m R.Pearce	511Lucia Ave	. ,
	1	1B. CAUSE OF OEATH (Enter only one couse per line for (a) (b), and (c))		- //		INTERVAL BETWEE	- N
		PART 1 DEATH WAS CAUSED BY	mil	throm bo	6,6	ONSET/AND DEAT	DIA
		· IMMEDIATE OXOGE (0)	W.	11110010-	7,03	276	IV>
- 1		Conditions, if any, which gave) OUE TO ATTENIO	sclevi	acie co	union lined	10.006	,
		ase to immediate course for f	30(00	0>(2)	neva 11 29	10900	
		stoting the underlying couse OUE TO		U		/	
		lost. (c)					
- 1	<u>_</u> [PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	RELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPS' PERFORMED?	
	8					YES NO	
	MEDICAL CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY	OCCURRED	(Enter nature of mury in	Port I or Port II of Item 1B)		
	EBI	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,	· ·		
	3	2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED	2Do PLA	CE OF INJURY (Home, for	n, 2Df (City or town)	(County) (Stot	(0)
	9	Hour o.m. While - Not While -		ary, street, office bldg., etc.		(200	0)
ı	٤,	p.m. 19 of work at work	J	d-d-Arrei - ra		70 /	
H		21 I certify that (1) (this hospital) attended the decease	d fram/	मायम (प	1964, to SE17.		last
			, and that	death accurred at	7:100 M, from couses	and on the dote stated al	pove.
		220 SIGNATURE		ATTENOING -	MEO STAFF	22b, DATE SIGNED	1
		Julier C. Knamer	M.C	PHYS LA	OIRECTOR PHYS	1001.0176	
1		22c. PHYSICIAN'S PAID FAT F. RUDMO	1/11	22d ADDRESS	1. 1-20-4	1-10 A	
		MARKETINE OTLIBETU E. KNOMP	14.1	1. 470/	LIDERIT I	1/2. //VE.	
		BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CE	METERY OR	CREMATORY	23d LOCATION (City or T		e)
8	E	3 (140) 10-3-1967 Lake V	iew I	Mem.Park	Carroll Co	Md.	
1		FUNERAL DIRECTOR ADDRESS			O BY REGISTRAP 25b		
1	C	Howard Strong 3207 W Nort	h Avr	00	T 3 1964 4	Marie Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye corbon papers. Pages that should be filed with the State Dept of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after debt Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

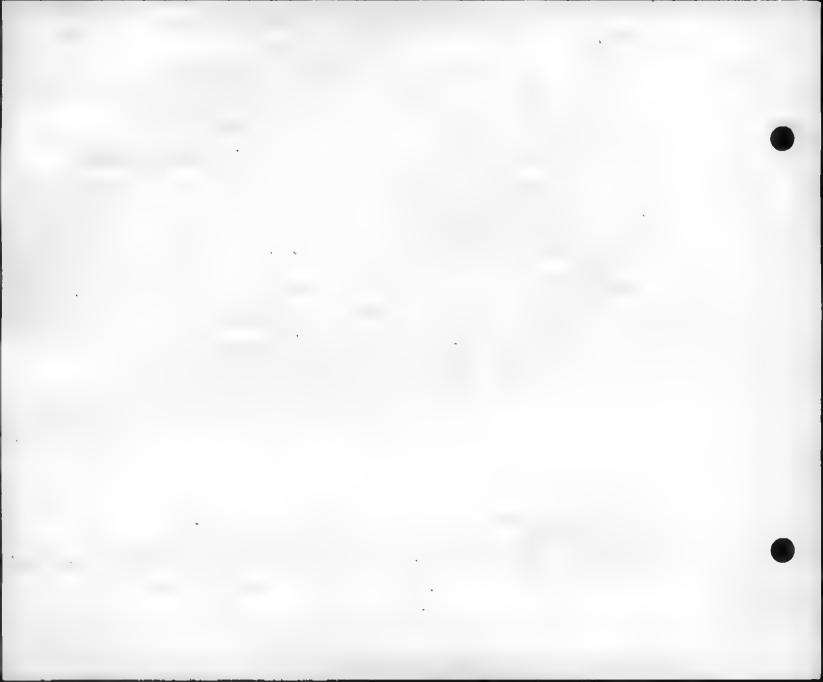
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3421

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haum after dath

Page 4 may be retained by the haspital or attending physician.

	ACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) O. STATE b. COUNTY
	MARYLAND MARYLAND MARYLAND
Ь	CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAl rong give nearest town
d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE
5	05 Sacred Feart Jane 305 Sacred Fearthaug VES NO
D	AME OF First Middle Cost OF
S. SE	
/	M. WIDOWED DWOREED DANIERY 8, 1899 GY Yrs. Months Days Hours Min
Oo l	ISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CT ZEN OF WHAT
durin	most of working life, even it retired) INDUSTRY Clarke Tournell Co. Md COUNTRY? S. a.
13	ATHERS NAME 14 MOTHER'S MAIDEN NAME
	Lange M. Lamori Whater & String william
15 1	WAS DECEASED EVER IN U.S. ARBED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANY Address
{Yes,	no, or unknown) (If yes give wor or dotes of service) 212-05-3265 ROSE A COVER. 305 Sacrad Alegana
_	
	PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
1,	Conditions, if any, which gove)
	ise to immediate couse (a), DUE TO
	storing the underlying couse (
	ost. (c)
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)
E	HETERIOSCIEROTIC CARDIOVASCULAR DISEASE. YES NO M
	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) **TOTAL CONTRIBUTION OF THE PORT OF THE PROPERTY OF THE PORT O
E E	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
WED .	Hour a.m. While Not While of work of
	21. I certify that (I) (this hospital) attended the deceased from JULY 4, 1966, to Jet 10, 1967, that (I) (we) las
	saw the deceased alive an OCT 6 1967, and that death accurred at 159 PM, from causes and an the date stated above
-	220. SIGNATURE 22b. DATE SIGNED
	Honoral 7. Cendason M.D ATTENDING DIRECTOR DIRECTOR DIRECTOR DOCT. 10 1967
	22c. PHYSICIAN'S // 22d. ADDRESS
	HAME(Type) HOWARD H. GENDASON MD REISTERSTOWN, Md. (21136)
230	BURIAL, CREMATION, 23b DATE THEREOF 23T NAME OF CEMETERY OR CREMATORY 23d 40CRT ON (City or Town) (Coupty) (Stote)
1	REMOVAL (Specify) 10-13-67 Charier Ridge (Filosomille Balt Uld
24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR S SIGNATURE 250 REGISTRAR S SIGNATURE 250 REGISTRAR S SIGNATURE
_	Lines Buch 9729 Tilettill out OCT 13 1961 granted



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ltem #8 Film #839L 1220/67 ph CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 15 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) **Syrllmthlldys** Pasadena. Maryland Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS HOSPIT AL 7917 East End Drive SPRING GROVE STATE 3 NAME OF 4 DATE Month First Middle Lost DECEASED (Type or print) OF Julian Cox October DEATH IF UNDER 1 YEAR 9. AGE (In years SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdoy) Months 1889 white WIDOWED TO DIVORCED Oct. male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Virginia painter 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Alexander Cox Susan 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, eyunknown) (If yes give wor or dotes of service) Records: SPRING GROVE STATE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Pulmonary Embolism, massive, left lung PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour a.m. Not While foctory, street, office bldg., etc.) of work of work

remunes that the death certificate bm exmosted within 24 hours often death physicion or removol, attending signed by the atten buriol-transit permi buriol, cremotion, o by the hospital or attending physicion. os the prior to hos been be detached for use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained director, poge should be filed O HOSPITAL

CERTIFICATION

22. DHYSICIANS

REMOVAL (Specify)

by the funerol Pages Land

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event,

and in ony

remove

21. I certify that \$0 (this hospital) attended the deceased fram_ Nov. 13 to Oct. 2h . 1967 that # (we) last 19. 67, and that death accurred at 12:20M, from causes and an the date stated above. saw the deceased alive an Oct. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 10–2և–67 M.D. DIRECTOR 22d ADDRESS SPRING G RO VE STATE

NAME (Type)	Anthony J.	Coung, M.D		
RURIAL CREMATION	23b DATE THEREOF	23c. NAME OF CEM		

10/27/67

ETERY OR CREMATORY

23d. LOCATION (City or Town)

Baltimore. Maryland

Md 25b. REGISTRAR'S SIGNATUR

(County)

13426

Anne Arundel

Doy

24

Doys

COUNTRY?

HOSPITAL

U. S.

(County)

e IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

2015ET AND DEATHS

WAS AUTOPSY PERFORMED?

(Stote)

(Stote)

67 19

VR A15 (4)





VR A15 (4) 25M 1/67

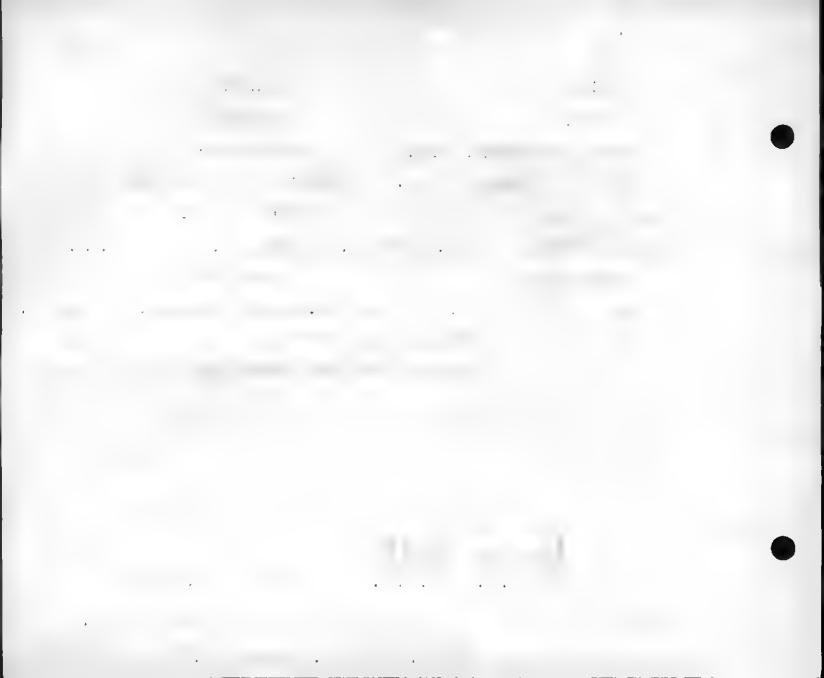
filled in by the funeral papers - Land

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

o. COUNTY BALTIMORE	MARYLAND	o. STATE b COUNTY							
b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) FORT HOWARD	c LENGTH OF STAY IN 16 51 DAYS		ide corporate limits, write RURAL and g	ve nearest town)					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS	***	e IS RESIDENCE ON A FARM?					
VETERANS ADMINISTRATION H	OSPITAL	7914 33rd	Street	YES NO 🔀					
3. NAME OF First DECEASED	Middle		4. DATE Month	Doy Year					
(Type or print) S SEX 6 COLOR OR RACE 7. MARRIED	L.	8. DATE OF BIRTH	9. AGE (In years IF UNDER	18 19 67					
MALE WHITE WIDOWED		9/10/99	1. AGE (In years 12 on the worths 6.8 yrs	Doys Hours Min					
	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &		ITIZEN OF WHAT					
STATIONARY ENGINEER NAT	L. BISCUIT CO.	BALTIMORE,	MD. U	.S.A.					
13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME									
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO 17. (I'HIRES	A BODECK						
(Yes, no, or unknown) (If yes give wor or dotes af service)	13 01 45 46 0		VA HOSPITAL, FT						
IMMEDIATE CAUSE [0]	(o), (b), ond (c)) EBRAL VASCULAR	ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH					
4300 DUE TO									
rise to immediate rouse (a)	ERIOSCIEROTIC	HEART DISEAS	E WITH ATRIAL FIB						
stating the underlying cause DUE TO lost.				YEARS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO					
OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort Fort Foft tem 18)						
		CE OF INJURY (Home, form, ory, street, office bldg , etc.)		ounty) (State)					
21. I certify the the this haspital) attends saw the deceased give an 10/18/		8/26/67 , 19 I death accurred at 2	to 10/18/67, 19	, that (45 (we) last he date stated above.					
220 SIGNATURE	Kutty M.	PHYS. L D	ED STAFF 22b D	10/18/67					
22c PRYSICIANS NAME (Type) ARMED C. K. KU	TTY, M. D.	VAH FORT	HOWARD, MARYLAND						
230 BURIAL (REMATION, REMOVA, (Specify) 10/20/67	23c NAME OF CEMETERY OR BALPIMORE NA		23d LOCATION (City or Town) BALLPIMORE	(County) (State)					
24. FUNERAL DIRECTOR	HIMINER PINES	L HOME 250. REC'D	OV DECISIDAD DEL DECISIDAD C						
7	Ol E. Wedison	St. Ballimor	re vd	may have					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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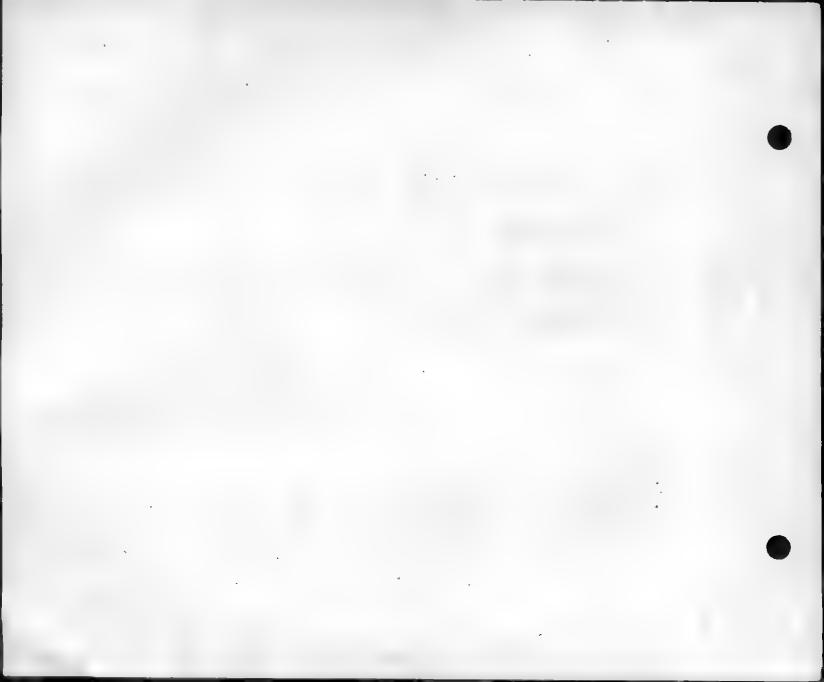
PLACE OF DEATH O. COUNTY Baltimore MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Shady Nook Nursing Home 3. NAME OF DECEASED (Type or pnnt) C. SEX Female White WIDOWED DIVORCED NEVER MARRIED DIVORCED May 14, 1902 DIVORCED DIVORCED May 14, 1902 DIVORCED DIVORCED May 14, 1902 DIVORCED May 14, 1902 DIVORCED May 14, 1902 DIVORCED May 14, 1902 DIVORCED DIVORCED May 14, 1902 DIV
b. (ITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Shady Nook Nursing Home 3 NAME OF STAY IN 10 Catonsville Zone 21228 3 NAME OF OF First Middle Last 4 DATE OF DECEASED (Type or print) Wilhelmina Maria Dalcour 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED May 14, 1902 Wilhelmina Wilhows DIVORCED May 14, 1902 100. USLAL OCCUPATION (Gree kind of work done during most of working life, even if rehred) None Gustave T. Dalcour Maryland Maryland Baltimore Catonsville Zone 21228 d. STREET ADDRESS 4.03 Hilton Avenue VES XI NO DEATH Oct. 21,1967 8. DATE OF BIRTH 9 AGE (in years last birthday) 65 yrs May 14, 1902 65 yrs 100. USLAL OCCUPATION (Gree kind of work done during most of working life, even if rehred) None Gustave T. Dalcour Guillermina C. de Bullet
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Shady Nook Nursing Home 3 NAME OF OF OF OR RACE THIS Middle City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 d. STREET ADDRESS Shady Nook Nursing Home 4.03 Hilton Avenue 4 DATE Manth Oct. 21,1967 S. SEX 6 COLOR OR RACE T. MARRIED NEVER MARRIED May 14, 1902 6 COLOR OR RACE TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 d. STREET ADDRESS 6 DATE OF BIRTH Oct. 21,1967 S. SEX 6 COLOR OR RACE TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 6 IS RES DER ON, A FARI OCT. 21,1967 S. SEX 6 COLOR OR RACE TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 6 IS RES DER ON, A FARI OCT. 21,1967 S. SEX 6 COLOR OR RACE TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 6 IS RES DER ON, A FARI OCT. 21,1967 S. SEX 6 COLOR OR RACE TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Zone 21228 6 IS RES DER ON, A FARI OCT. 21,1967 Manth OCT. 21,1967 May 14, 1902 6 IS RES DER ON, A FARI OCT. 21,1967 Map III BIRTHPLACE (County & State, or fareign country) None 100. USLAL OCCUPATION (Give kind of work done in bospital, give street address) 12 CITIZEN OF WHAT COUNTRY? V. S. A. 13 FATHERS NAME 14. MOTHERS MAIDEN NAME Guillermina C. de Bullet
Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Shady Nook Nursing Home 3 NAME OF DECEASED (Type or point) S. SEX 6 COLOR OR RACE Wilhelmina Wilhelmina Maria Dalcour May 14, 1902 May 14, 19
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Shady Nook Nursing Home 3 NAME OF Shady Nook Nursing Home 3 NAME OF OF First Middle Last 4 DATE OF DECEASED (If year or print) Wilhelmina Maria Dalcour DEATH S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED May 14, 1902 Female White WIDOWED DIVORCED May 14, 1902 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b KIND OF BUSINESS OR INDUSTRY None 11 BIRTHPIACE (County & State, or fareign country) None 12 CITIZEN OF WHAT COUNTRY? U. S. A. 14. MOTHERS MAIDEN NAME Gustave T. Dalcour Guillermina C. de Bullet
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Wilhelmina Maria Dalcour OF DEATH Oct. 21,1967
(Type or print) Wilhelmina Maria Dalcour S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (in years last birthday) Months Days Hours Female White WIDOWED DIVORCED May 14, 1902 65 yrs 100. USUAL OCCLPATION (Give kind of work done during most of working life, even if retired) IDD KIND OF BUSINESS OR INDUSTRY None Baltimore, Co. Md. 12 CITIZEN OF WHAT COUNTRY? U. S. A. 13 FATHERS NAME 14. MOTHERS MAIDEN NAME Guillermina C. de Bullet
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Female White WIDOWED DIVORCED May 14, 1902 65 yrs 100. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12 (ITIZEN OF WHAT COUNTRY? 12 (ITIZEN OF WHAT COUNTRY? 13 FATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15 COUNTRY? 16 COUNTRY? 17 COUNTRY? 17 COUNTRY? 18 COUNTRY? 18 COUNTRY? 19
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. A. 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NA
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13 FATHERS NAME Gustave T. Dalcour Guillermina C. de Bullet
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Catonsville Address Md. 21228
(Yes, no, or unknown) (If yes give war or dates of service) 220-44-3131 Mrs. Benjamin Whiteley 403 Hilton Avenue
18. CAUSE OF DEATH (Enter analy one cause per line for (o), (b), and (c).) INTERVAL BETWEE
PART I DEATH WAS CAUSED BY ONSET AND DEA
IMMEDIATE CAUSE (0) DUE TO delease 1 47 +
Conditions, if any, which gove) (b)
rise to immediate cause (0), the TO
lost. (c)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP
PERFORMED 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CLAUSE OF DEATH OF ENTER PROTECT AND AND PART I OF Part II of item 18.)
205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CLAUSE OF DEATH
204 INSURA CONTROL CON
Hour o.m. While Not While factory, street, office bldg., etc.)
21. I certify that (I) (this count of a three deceased from April 19, 1956, to Oct 21, 1962, that (I) (w
sow the deceased alive on German 1967, and that death occurred at M. from causes and on the date stated of
22a. SIGNATURE 2
Arthura has to m.d. PHYS DIRECTOR DIRECTOR 10-23-67
22c. PHYSICIAN'S 22d. ADDRESS 2.1.2.28
MAME (Type) John A. Nesbitt Jr. M. D. 1009 Frederick Rd. Catonsville, Md.
23g. BURIÁL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State
REMOVA (Specify) Burial 10/24/1967 New Cathedral Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRARS SIGNATURE
Enstantemporal Name Catonsville, Md. MART 27 1967 Vollande Under

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papels. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, withfilt 72 hours after death Page 4 may be retained by the hospital ar attending physician.

> VR A15 (4) 20 M 1/66



1 1 It	软	#2 8 9 13 11Fil: #3393 MARYLAND STATE DEPARTMENT OF HEALTH
i = m		2425 France #5 6 8 0 & 12 Fr CERTIFICATE OF DEATH 13430
r death	1.	PLACE OF DEATH a. COUNTY B attimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY A. A.
affer affer a state of the stat		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hour S. in	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
filler paper fin 72		Catore Ridge Nevsing Home Box 439-A, Route 1 VES NO
within prefely arbon it. with	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) MARY DAUGHERTY DEATH 10 - 3 - 1967
execute was and compile remove car		SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNOER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Quys Hours Min.
be execusion and clease removed	10:	Female W WIOOWEO DIVORCEO Aug. 1, 1898 09 yrs. 3. USUAL OCCUPATION (Give kind of work done INOUSTRY) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
ate ples al, ai	13	FATHER'S NAME 14. MOTHER'S MAJOEN NAME
certificate nding phys Then ple removal, a	1	Clarence Albert Harrison Poxie Adali Mathaney
= 유급 =	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15, no, or unknown) (If yes give war or dates of service)
death he afte permil tion, o		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),]
hat the deal Ician. ed by the al Fransit perr I, cremation,		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
tha sici		4201
ding phy ding phy been sig the buri	e e	gave rise to immediate
		underlying cause last. (c)
- C	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUX OPSY PERFORMED?
I: That or life at or life at	FICA	General Paresis - ENS lues (lateut) YES M NO E
YSICIAN: The bospital or a sister for sister for use tached for use better for use better of Health	. CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
G PHY by the ter this e deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
VDIN Sed the State of the State		21. I certify that (I) (this hospital) attended the deceased from 1957, to 10-3-, 1967, that (I) (we) last
shor shor		saw the deceased alive on 10-3-19-67, and that death occurred at 2.12 M, from the causes and on the date stated above
DIRECT WEST OF		22a. SIGNATURE PLANT Valle Covers M.D. ATTENDING MED. STAFF PHYS. 10-3-67
TAL May AL Pa e file		220. PHYSICIAN'S NAME (Type) LESAIR VALLE CAVERO 2624 Liberty Rd
Page 4 O FUNER director,	23	BURIAL, CREMATION, 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E E W	24	Regional 10-3-6 1 A of Millimetrice Noan Succinore 1000
VR A15 (4)	3	Frank A. Mewell Vikland 682 16ATE OCT 5 1967 STeason Ones



within 24, hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed Falle 4 may be retained by the fillspital or atfiniding pilymician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12427 CERTIFICATE OF DEATH
13431

	20101
1. PLACE OF DEATH 3. COUNTY Boltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Baltimore Md
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Shray Nook Nursing Home	417 Athol Ave YES NO 2
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Mary Beatrice	Davis DEATH 10 12 1967
1 WARRIED ! I REALL INDIVIDUE	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Feb. 12 1832 85 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
<u> Housewife</u> l	Westminster Md U.S.A.
13. FATHER'S NAME L'.	14. MOTHER'S MAIDEN NAME
Charles Eckenrode 216 54 6339j	
Aller an an analysis I (If the safe and the	INFORMANT Address 3 C Rolling
No No	s. M. J. C. Smith Bend Ra.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	cardot infinition 0
TAOI DUETO	0 (5.)
Conditions, If any, which) (b) Culcurecleurlic	cerebro conditionalist /41 +
gave rise to immediate cause (a), stating the DUE TO	disance
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
Tools.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While facto	ly, sileet, discabing., etc.)
21. I certify that (I) (this hespital) attended the deceased from	an. 3 19 67 to (3-07/3, 1967, that (1) (we) last
saw the deceased alive on 10-6-6719 and that	
22a. SIGNATURE	22b. DATE SIGNED
gothera Gestell S. M.O.	ATTENDING MED. STAFF 10-13-67
22c. PHYSICIAN'S	1 22d. ADDRESS
NAME (Type) John A. Nesbitt, Jr., M.D.	1009 Frederick Road, Baltimore, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Druic	
Burial Oct. 14 - 1067	
24. FUNERAL DIRECTOR 6 ADDRESS Frede	Prick 250 GREC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
Farley Cavanaugh Funeral Home	DATE OCT 16 1967 Mclianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13428

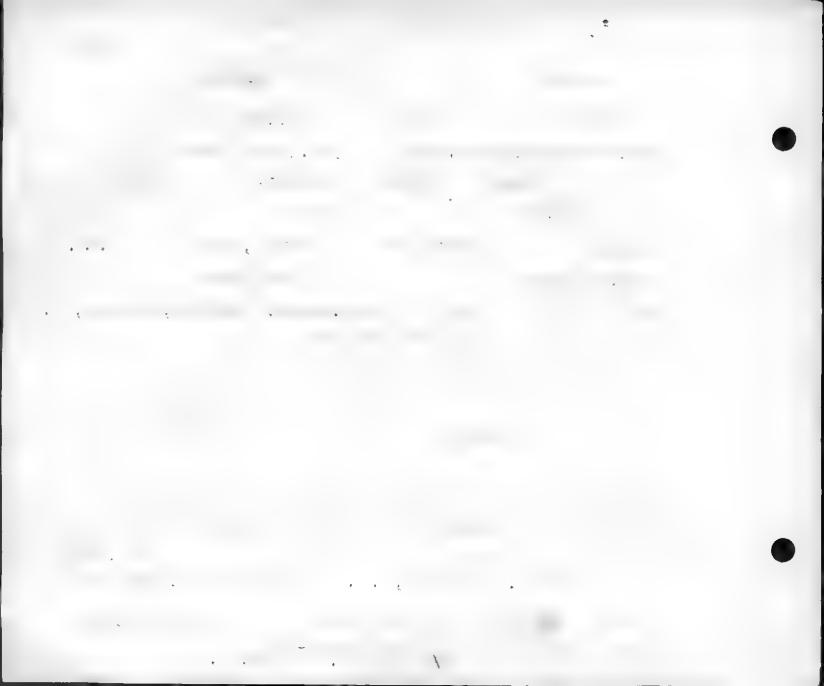
CERTIFICATE OF DEATH

13432

		CERTITION	IL OI DEATH		30 100
PLACE OF DEATH	BALTIMORE			Where deceased eved, if enstituting the country of	on Residence before admission)
	I (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	tside corporate limits, write RUR	AL and give nearest town)
FORT I		37 DAYS	BALTIMO	Rie	
d NAME OF HOS	PITAL OR INSTITUTION (If not in	n hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
The Control of the Co	ADMINISTRATI		50 S. MORLE		YES NO Y
NAME OF DECEASED	First MELVI	Middle WARMER	DE SHIELDS	4 DATE Monti	
(Type or pnnt) SEX		MARRIED NEVER MARRIED	B. DATE OF BRITH	DEATH OCT	DBER 4 19 67
ALE		WIDOWED DIVORCED	1/28/16	51 birthday)	Manths Doys Haurs Min
	ON (Give kind of work done	106 KIND OF BUSINESS OR	A	State, or fareign country)	12 CTIZEN OF WHAT
TEVENDAN	ng life, even if retired)	PARKING LOT	BALTIMORE	MARYLAND	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	JAME	
	28 DeSHIELDS		MABEL		
S. WAS DECEASED I Yes, na, ar unknowi	VER IN U.S. ARMED FORCES? i) (If yes give war ar dates af se	16. SOCIAL SECURITY NO. 17	INFORMANT	Addre	
YES	MM II	212 07 05 97 CL	IN. RECORDS, V	a hospital, F	r HOWARD, MD.
PART I. D	DEATH (Enter only one couse EATH WAS CAUSED BY,	per line for (a), (b), and (c)) GLTOBLASTOMA GRAJ	שר ישר		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (n)	GILODIADIOER GEO	746 A.V		6 MONTHS
Conditions if a	DUE TO ny, which gave)				
nse to immed	ate couse (o),				
stoting the un					
	SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COM	DITION CIVEN IN PART 1(n)	19 WAS AUTOPSY
The winds		EUMONTA	* I I I I I I I I I I I I I I I I I	amore ourse to two. IfA)	PERFORMED?
20a. ACCIDENT V	VAS UNDERLYING 🗆	206. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	Part I or Part It of item 18)	1 10
I LE EITHER NOTE	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	•			
20c TIME OF I	NJURY Manth, Day, Year		PLACE OF INJURY (Home, farm		(County) (State)
Hour '	a m. p.m. 19	While Not While of work	octory, street, office bldg , etc.)		
	Il fah. /	al) attended the deceased fram.	8/28/67	9 to_10/4/6°	7, 19, that (*(we) las
		LO/4/6719, and the	nat death accurred at_	2:10 M from causes	and an the date stated above
220. SIGNATUR	13 Y 1	1 1		MED. STAFF	22b DATE SIGNED 10/4/67
22c P19/15 CHA	every	taline 14	M.D. PHYS. L. 22d ADDRESS	DIRECTOR L PHYS	20/4/01
CHAME (TY	pe) GEORGE C.VM	C ELFATRICK, N. D		RT HOWARD, MAI	RYLAND
30 BLR.AL, CREMA		OF 23c NAME OF CEMETERY O	DR CREMATORY	23d LOCATION (City or Tox	vn) (Caunty) (Stote)
BURIAL		967 BALTIMORE N			, MARYIAND
24 FUNERAL DIREC	28 Charges AF	OXILLUM ADDRESS FUN	ERAL HONE OC	BY REGISTRAR 1967 25b. RE	GISTRAR'S SIGNATURE
1111201111 4	MUSCH HOM!	add guponer	CO DATITUDE	MD J	0

TD 1105Fital DR ATTENDING PHYNICIAN: The law requires that the diaght certificate by executed within 211 hours after meath. Page 4 may be retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After th.s certificate has been signed by the attending physician and completely find in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after these VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

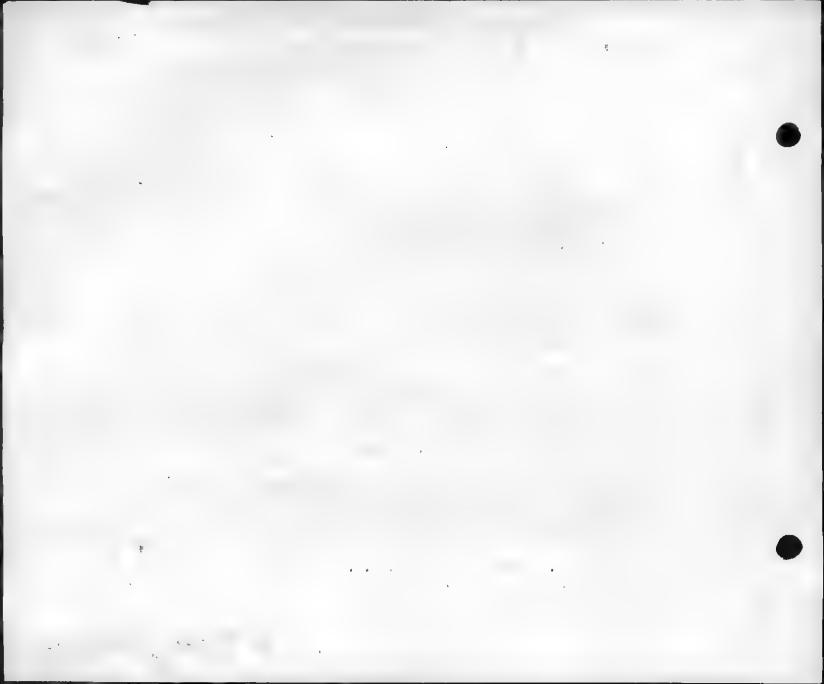
		LESS CERTIFICATI	t UF PEAIN
	(PLACE OF DEATH O. COUNTY B Ltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATY (I ary Land b. COUNTY)
		b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	C CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) Halethorpe, Maryland
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Ridgeway Manor Nursing Home	d street address 4627 Magnolia we. o is res dence on a farm?
		NAME OF GREEN First Middle Del	lille ost 4 DATE Month Doy Year 67
		temale white widowed \ DIVORCED	B. DATE OF BIRTH 12/15/1888 9. AGE (In yeors IFUNDER 1 YEAR IFUNDER 24 HRS Months Doys Hours Min Doys Min Doys
	duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired). ASST. Editor Ret. B& O R.R.	Oregon 11 BIRTHPLACE (Country & Stote, or foreign country) 12. CITIZEN OF WHAT USANTRY?
		Eugene Davis	Rene ?
	1S. (Ye		Mr. Edward DeVille- Sparks, Marylan
		IB. CAUSE OF DEATH (Enter only one couse per line for (0), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	- Collection INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove this to immediate course (b), Continuous (c), Conditions, if ony, which gove the course (c), Conditions, if ony, which gove the conditions (c),	assein goneralized 642
		stoting the underlying couse DBE 10 December 2	melitia gyes.
e h	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	L CERTIFICATION	206. ACCIDENT ₩AS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f (City or town) (County) (State)
		21. I certify that (1) (this hospital) attended the deceased framsaw the deceased alive an April 20 1967, and the	at death accurred at 4:15PM, fram causes and an the date stated abave
		220. SIGNATURE Bradley Storyharthy M. D.	ALD PHYS DIRECTOR PHYS. 22b. DATE SIGNED 10-19-67
		22c. PHYSICIAN'S DIZ. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 2204 St. Francis Ave., Helethorpe
		b. Burial, Cremation, 23b. Date Thereof 23c. Name of Cemetery or REMOVAL (Specify) 10/21/67 Meadowridg	e Cem., Baltimore, Maryland
	- (eonard of Ruck Inc. 5305 Hartord	Rd. 250 REC'D BY REGISTRAR 1967 256. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PRYSICIAM The law requires that the death certificate be executed within 24 hours after death.

Page 4 may Te ratained My the haspital ar attending physician.

VR A15 (4) 20 M 1/66

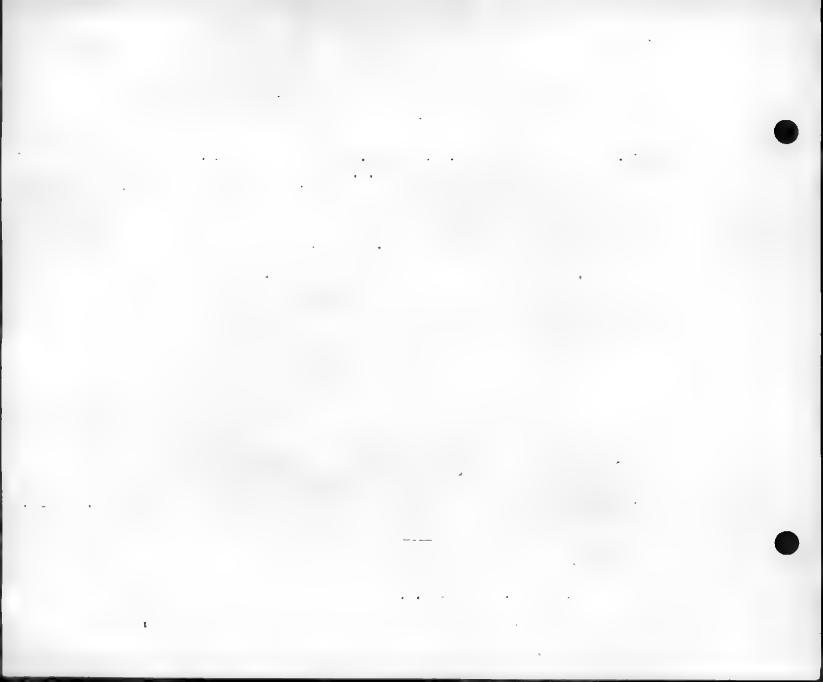
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely fitted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove farther papers. Poges thank should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any every, withing 12 hauts affected the



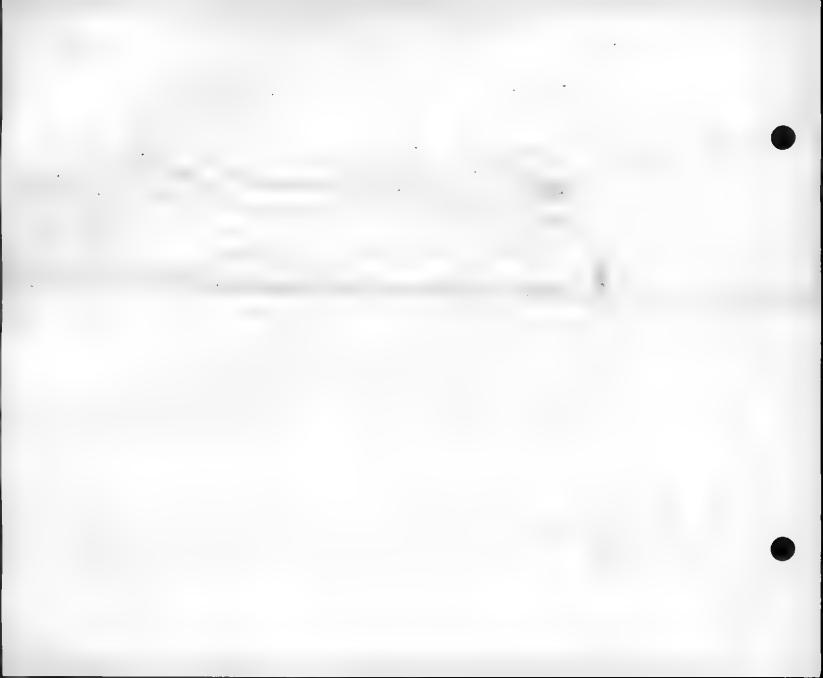
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE L COUNTY Baltimore Baltimore MARYLAND Maryland deloy Department b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) pup ₩3. write RURAL and give negrest town) __ () Baltimore
d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street oddress) e IS RESIDENCE ON A FARM? arm 50 Poges Stote YES NO X Balto Beltway I695 1/4 ml. N. of 646 Plymouth Rd 24 hours after death 3. NAME OF 4 DATE Office olong with Doy U.S. DECEASED OF lond 2 with the n Item 18 Give (Type or print) WILLIAM FRANCIS DIEM DEATH October 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (n years IF UNDER 1 YEAR 7. MARRIED TO **NEVER MARRIED** lost birthdoy) Months Doys Hours Min. hours after deoth. WIDOWED DIVORCED Male. White 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHP, ACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Accountant Bendix Corp. COUNTRYSA Baltimore, Maryland pages in pencil in Exominer? This certificate should be executed within 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME Albert M. Diem Ruth E. Stark File 15 WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 265-62-2000 n 72 36 SOCIAL SECURITY NO 17 INFORMANT Address the Chief Medical "pending" Robert A. Diem 1006 Cedarcroft Rd 21212 any event with 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART | DEATH WAS CAUSED BY: ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (a) the certificate, writing the word 4 should be forworded to the Ch DUE TO Conditions, if any, which gove rise to immediate couse (a), .= DUE TO stoting the underlying couse 0 and 0.5 lost. used 19 WAS AUTOPSY PERFORMED? removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20a EXTERNA. CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW N.JRY OCCURRED (Enter noture of injury in Port I or Part II of Item 1B.) should 5 MEDICAL EXAMINER: CAUSE OF DEATH Subject into auto into tractor trailer bur al, cremotion, 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20c TIME OF NURY Month, Day, Year ((ounty) (Stote) Hour om While Not While factory, street, office bldg, etc.) moy be retained for your FUNERAL DIRECTOR: Page 67 of work 1:20 XXX 10 ot work please execute Street Balto. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy [X. Inspection Induity [and in my apinion Natural causes Accident X Suicide _____, funeral director death resulted fram Hamic de Undetermined manner CHIEF MEDICAL EXAMINER 0 22. DATE SIGNED ASS STANT MEDICAL EXAMINER X Heolth prior SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Edward F. Wilson, M.D. October 6, 1967 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 1967 Baltimore m Maryland Holy Redeemer Cem. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5)

Dippel Bro's Inc. 7110 Belair Rd. 21206

6M 1/67

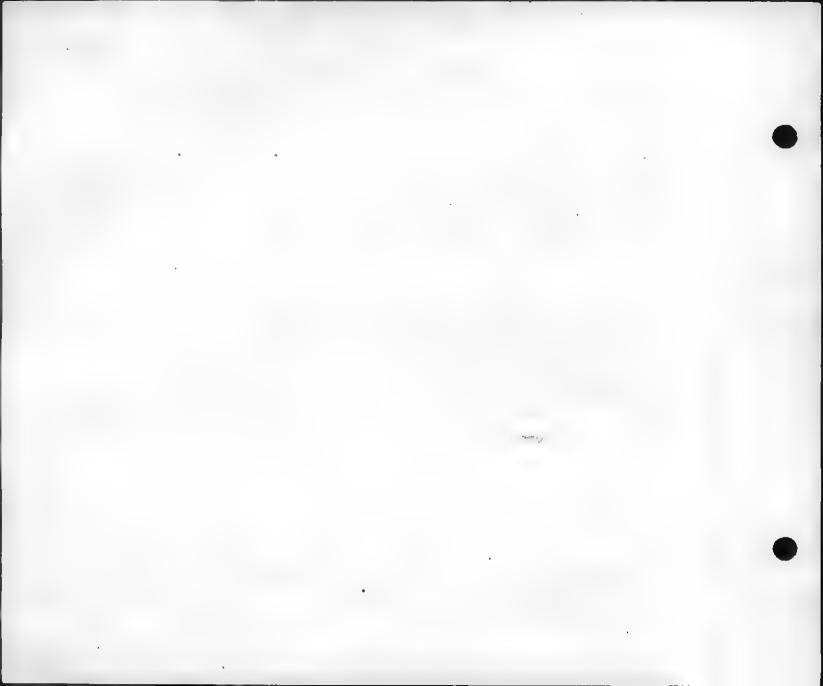


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13431 CERTIFICATE OF DEATH 13435OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate mits, MARYLAND LTIMORE c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OYRS. OVERLEA UERLEA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) S RESIDENCE ON A FARM? d STREET ADDRESS Filled ar been pop YES NO T NWOOD FUWOOD within 3. NAME OF Middle DATE Farst Lost Doy Year DECEASED IETE! (Type or print) TJ 19 67 OM AS DEATH eve S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH Sast burthday) 7 MARRIED NEVER MARRIED remove Months Days Hours and in any DIVORCED WIDOWED 30a USJAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT dering most of working life even if retired) INDUSTRY COUNTRY? GERMANY 13. FATHER'S NAME ARKE 14. MOTHER'S MAIDEN NAME ar removal, attending p) NKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 03 (/ crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN bur al-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH erro Sclerotic IMMEDIATE CAUSE (o) signed by by the haspital or attending physician. DUE TO Etro Scherosis Conditions, if any which gove rise to immediate couse (a). DUE TO stoting the underlying couse prior to l has been the lost. as WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FICATION far use Health NO this certificate n. 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Post 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. While Not While factory, street, office bldg .etc \ 21. I certify that (1) (this hospital) attended the deceased fram 19.46. to OCT 5, 1967 that (1) () last JU11/ Page 4 may be retained O FUNERAL DIRECTOR: 1967, and that death accurred at 8 P. M. from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED 10-6-67 DIRECTOR director, page should be filed filed 22d ADDRESS 22c. PHYSICIAN'S Belline Md NAME (Type) DIN 5712 120% 23o. BURIAL, CREMATION, LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d (County) (Stote) REMOVAL (Specify) LIMORY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 25M 1/67 OGT DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13436 CERTIFICATE OF DEATH It in by the funeral apers. Pages I and 2 m/72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b. COUNTY Baltimore MARYLAND Maryl and executed within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Baltimore 21213 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS e IS RESIDENCE ON A FARM? 2006 E. Preston St. St. Joseph Hospital YES NO 3 NAME OF Middle 4 DATE Fiest Lost Month Dov Year DECEASED OF DEATH October 24. 1967 Isaiah DIGGS (Type or print) 9 5 S SEX IF UNDER 1 YEAR B. DATE OF BIRTH 9. AGE (n years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remave lost birthdoy) Months Doys Hours June 6, 1899 and in any WIDOWED DIVORCED Male Negro 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR requires that the death certificate be physician a ien please during most of working life, even if retired) INDUSTRY COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, attending phy Ctra IS WAS DECEASED EVER IN U.S. AR MED FORCES? 16. GOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service crematian, signed by the a burial-transit per burial, crematia INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DHE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying cause g) 9 19 WAS AUTOPS: PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pulmonary thrombo embolism YES NO TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Dov. Year Hour o.m. Not While factory, street, office bldg , etc.) at work of work 19 67 to 10/24/ . 19 67 that (We) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 shauld should be filed with the saw the deceased mive an 10/24/ 19 67, and that death accurred at 2:20PM, fram causes and an the date stated above 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** MED. DIRECTOR October 24,1967 M.D. PHYS. 7620 York Rd., Towson, Md. 21204 22c PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify). 24 EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66



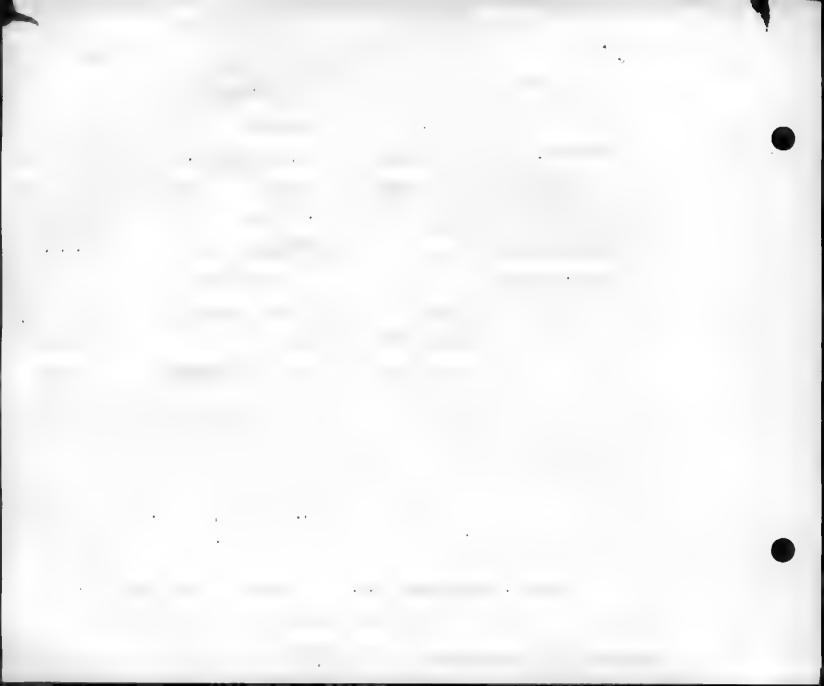


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1144	4		CERTIFICAT	E OF DEATH		18488	
PLACE OF DEATH				2. USUAL RESIDENCE (V	there deceased lived, if institution b. COUNT		
	Baltimore		MARYLAND	Mar	yland	* .	
	(If outside corporate limits and give nearest tawn)	,	LENGTH OF STAY IN 1b	c CITY OR TOWN (If out	tside corporate limits, write RUR	AL and give nearest fown)	
Fo	ort Howard		37 days	Baltimore		,	
d. NAME OF HOSI	PITAL OR INSTITUTION (If no	it in haspital, give	e street address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?	
Vete	rans Admini	stration	Hospital	117 S No	nroe St.	YES NO	
DECEASED	Fii	rst	Middle	Last	4 DATE Month	Doy Year	
(Type or print)	CLIFTON		CLYDE	DORSEY	DEATH October	13 19 67	
SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED 🔲	8. DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Hours Min	
Male	White	WIDOWED	DIVORCED	Jan. 18, 19	05 62 Yrs		
	ON (Give kind of work done ig life, even if retired)	10b. K1ND	OF BUSINESS OR	11. BIRTHPLACE (County &	& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?	
Body and	Fender wor		mobile	Woodbine	, Maryland	U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N			
Arthu	r C. Dorsey			Minni	e Shipley		
S. WAS DECEASED E	VER IN U.S. ARMED FORCES?) {{If yes give war ar dotes o	f service V	CIAL SECURITY NO. 17.	INFORMANT	Addres	S	
Yes	WW-11		01 95 30 C	linical Reds	VA Hospital,	Force Possess Vd	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PARI I. DI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF RECTUM ONS						
15年メ	MX	30					
	ota cousa (ol. f	1-1-	OCARCINOMA M	ETASTATIC RI	CHT FEMUR	Unknown	
stating the un-		TO					
last.		(c)					
PART II OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
						YES NO 5	
200 ACCIDENT V	/AS UNDERLYING □ IG □ CAUSE OF DEATH	20b. DESCR	HIBE HOW INJURY OCCURRED	. (Enter nature of injury in f	Part I ar Part II of Item 18)		
(IF FITHER NOTI	Y MEDICAL EXAMINER)						
20x. TIME OF I	UURY Month, Day, Year	20d INJU While		ACE OF INJURY (Hame, farm ctory, street, affice bldg , etc.)		(Caunty) (State)	
	p m. 19	ot wark L	at wark				
21. I cer	tify that 取 (this has	pital) attended	d the deceased fram_	Sept. 6	9_67to Oct.	13 , 19 <mark>67</mark> , that (IP(we) la ind an the date stated abav	
		Oct. 1	319_67_, and the	at death accurred at_	M, fram causes a		
22o. SIGNATUR	adhan 2	X Kin	har Amil		MED STAFF	22b DATE SIGNED	
		, 50	M. A. M.	.D ▼PHYS. LI	DIRECTOR PHYS	10/13/67	
22c. PHYSICIAN NAME (Ty)	•	BARHANI	PURKAR, M.D.	22d. ADDRESS VA HOSD:	Ltal, Fort How	ard. Md.	
3a BURIAL, CREMA			23c NAME OF CEMETERY OF		23d. LOCATION (City or Tow		
REMOVAL (Spec		-/.7			Baltimore,		
26 PUNERAL DIREC			Baltimore N ADDRESS			SISTRAR'S SIGNATURE	
The standing of the C	17 16 6					V. I. O Int	

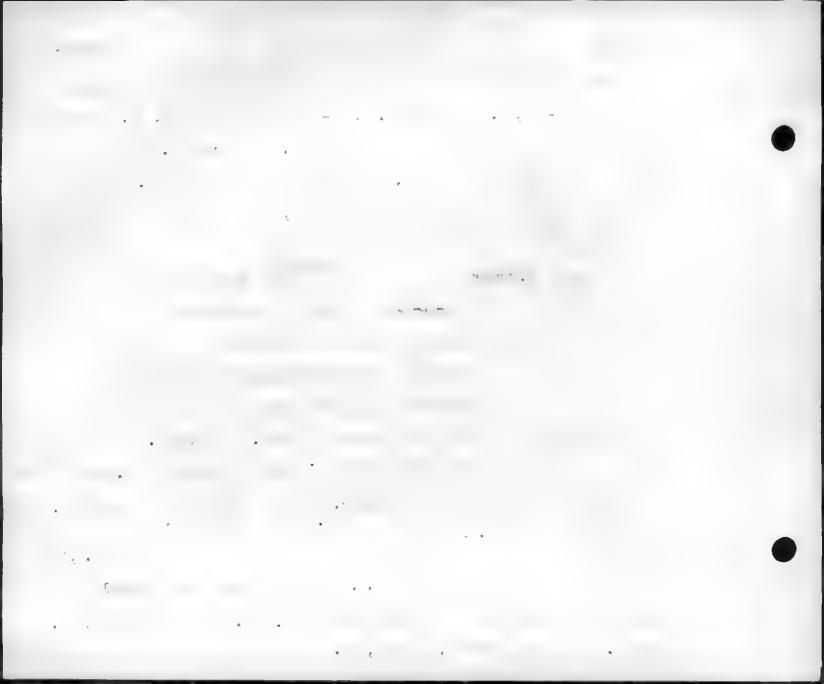
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed director, page 3 should be detached for use as the burial-transit permit. Then please remove carban page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 25M 1/67



CERTIFICATE OF DEATH

	-0203			CERTIFICAT	L OI DEATH			1,54	4539
1	PLACE OF DEATH	Ltimore Cou			2 USUAL RESIDENCE		lived, if institu		ore odmission)
				MARYLAND	o. STATE Mary			Baltim	
	Gat. NHA TO	If autside corporate limi i Intereacest (28), M	is, c	LENGTH OF STAY IN 16	c CITY OR TOWN (If				
					1	Le erra	- 22,	Md. Dun	delk
	Spring (at or institution (if a Frove State	at in haspital, give Hospital	street address)	d street address	dolla Wa	m11 m		8 IS RESIDENCE ON A FARM?
2	NAME OF		irst	Mindle	Ж		Man	1	YES NO
,	DECEASED (Type or pnnt)	Mary		G.	Duffin	4 DATE OF DEATH	Oct		19 67
S.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19	AGE (In years	IF UNDER 1 YEAR	IF JNDER 24 HRS
	Female	White	WIDOWED E	DIVORCED	July 6,189	7	70 birthday) yrs	Manths Days	Haurs Min
100	USUAL OCCUPATION	(Give kind of work done	TOP KIND INDUS	OF BUSINESS OR	11. 8IRTHPLACE (Coun		gn country)	12 C TIZEN COUNTRY	
_	ing mast House	MIIO selled)	111003	IKI	Maryland			COUNTRY	USA
13	FATHER'S NAME	lendel die d	land lan		Gertruge MAIDE				
-		aniel On (Flint	Mathan			
(A	es, na, or Jnknawn)	R IN U.S. ARMED FORCES? (If yes give war at dates	of service) 21 E	AL SECURITY NO 17	INFORMANT	17	Addr	622	
L	ALW				Spring Gro	Ye Reco	rds	16	TERMAL DEPARTMENT
	PART I, DEA	EATH (Enter only one co TH WAS CAUSED 8Y	Annha	(b), ond (c) Heart Failu	re (immed	intal			NTERVAL BETWEEN NSET AND DEATH
		IMMEDIATE CAUSE	(a)	HOUR O TELL	TO (THEROOT	1a ve /			
	Conditions, if any	, which gove		osclerotic	Heart Disea	se(abno	rmal EKO	2)	
	rise to immediate stating the unde		TO						
	last.)	(c) Genera	lized Arter	iosclerosis				
3				EATH BUT NOT RELATED TO			1 /	19	WAS AUTOPSY PERFORMED?
FICATION		vering from		Lobar pneum	onia (Sept	·U1 - 26	1967.		YES NO 🗷
CERT F		CAUSE OF DEATH	20b DESCR	operated on thuted Inte	Sep. 5.196	n Part I or Part I	l af item 18)		1967
		MEDICAL EXAM-NER) JRY Month, Day, Year	20d MILLE	Thuted Inte	rtrochanter LACE OF HUURY (Home, fo	ic Fract	(Cty or town)	Rt. Femus	c(July 29
MEDICAL	July 29	TO.	67 While of work	Nat While at wark Dr	ctory, street, office bldg, e	(c)		(00011)	(21016)
			behastla (Intias	the decensed from	Mar Co	19 ee to	Cod	ed the be	ha (i) (wa) la
	saw the d	eceased alive an	Oct.8	the deceased fram_ 19. 67 , and th	at death accurred o	TP M.	fram causes	and an the do	ite stated abov
	220 SIGNATURE		lo		ATTENDING -	MED	STAFF 14	22b DATE SIG	NED
П				~ ~ ~) !	A.D PHYS.	DIRECTOR L	PHYS. C	OCT.	3,1967
	22c. PHYSICIAN'S NAME (Type	Inre	K o.p.1	t . M.D.	Spring (irove St	ate Hos	Teting	
22	o BURIAL CREMATIO			3c NAME OF CEMETERY O			TION (City or To		hu) 45a-a-3
23	REMOVAL (Specify			oreland Her			, ,	ewn) (Count ltimore.	. , ,
2	4. FUNERAL DIRECTO)R		ADDRESS	2Sa RE	C'D 8Y REGISTRAI	2Sb RI	EGISTRAR'S S GNATI	JRE
	John J. D	uda, 7922 1	Wise Ave.	Dundalk, M	d. DATE (GT 11	1967	Murley	Judge



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FOR STATE

farm.

in peact in Item 18, Give Pages

This certificate should be executed within 24 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13436

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13440

	_ & % O MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution is	Residence before admission)				
	(COUNTY BALTIMORE MARYLAND	O STATE M. D	ALTO				
		b. C.T.Y. OR. TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c C.TY OR TOWN (If autside carparate limits, write RURAL a	nd give nearest tawn)				
		write RURAL and give nearest tawn)	ESSEX 21221	C3.				
4	,	BANO. DELT WAS	313 LURRAINE A	P IS RESIDENCE ON A FARM? YES NO				
		NAME OF DECEASED WALLIS WOODROW I	DUNTIN 4 DATE OF Month DEATH OCT	25 1967				
	S	6 COLOR OR RACE 7 MARRIED NEVER MARRIED E WIDOWED DIVORCED		UNDER 1 YEAR IF UNDER 24 HRS nths Days Haurs M n				
	10a dur	USUAL OCCUPATION (Give kind of work done ng mast of working le even if retired) #lectriction USUAL OCCUPATION (Give kind of work done ng mast of working le even if retired) #lectriction USUAL OCCUPATION (Give kind of work done ng mast o	II BIRTHPLACE (State or fareign country) Leon Va.	12 CITIZEN OF WHAT COUNTRY? U.S.A.				
	13	FATHER'S NAME	14 MOTHER S MAIDEN NAME	O Dill				
		A L.C Dunham	Lucy					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 1	NFORMANT Address	21221				
	(Ye	s, na, prunknown) (If yes give war ar dates of service) 232-28-7280 Mm	s Emma V. Dunham 313 Lorrai					
		18. CAUSE OF DEATH (Enter only one couse per ne for (a) (b) ond (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) THU DUE TO	- INFARCTION	INTERVAL BETWEEN ONSET AND DEATH				
		Canditions, if any, which gave (b)						
		rise to immediate cause (a), stating the underlying cause last. DUE TO (c)						
2	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO				
	CERTIFICATION	2Do EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)					
	MEDICAL		CE OF NJURY (Hame, farm, 20f (City or tawn) ory, street, affice bldg., etc.)	(Caunty) (State)				
		21. I certify that I taok charge of the remains-described above, he	ld an Autapsy , Inspection , Inquiry	and in my opinion				
		deoth resulted fram: Natural causes 🗐 Accident 🔲, Suici	ide 🔲, Hamicide 🔲, Undetermined mann	er []				
		ACTUAL Malliania & Markey	CHIEF MEDICAL EXAMINER	22. DATE SIGNED				
		SIGNATURE	_M D ASSISTANT MEDICAL EXAMINER	/2. Unit signit				
ļ		EXAMINER'S WILLIAM A. PILLSBUR	Address (Steet, MIV, WAR, of WUMA)	10 hi /6/				
	230	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ((County) (State)				
,	0.1	Burial 10-30-1967 Oak Lawn Cem	etery Baltimore	Co. Md.				
D	24	. FUNERAL DIRECTOR ADDRESS	DATE OCT 3 0 1987 REGISTRAN	Landy Judge				
S	Z	Mustamen Home 7401 Biller	DATE OUT OF	00				

VR A15ME (5)

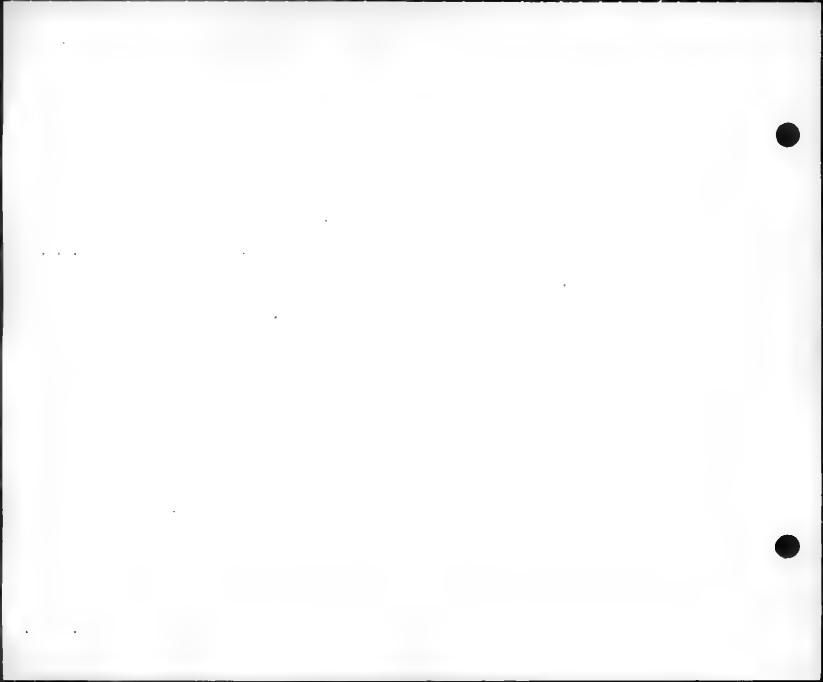
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used a buriol-transit permit file pages I as 2 with the State Department is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours often

the funeral director. Page 4 should be forwarded to the Ch'ef Medical Exammer's Office along with

necessory, please execute the certificate, writing the word pending

TO DEPUTY MEDICAL EXAMINER:



Poge ent af

uny delay is and 3 to

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	1343	7	MED	ICAL EXAMIN	ER'S	CERTIFICATE C	F DEA	TH	13	441	
	PLACE OF DEATH o. COUNTY Ba	altimore		MARYL	AND	2. USUAL RESIDENCE (o. STATE Mary	Where dece yland		DUNTY	ce before o	,
	b CITY OR TOWN (I	ff outside carporate limit SULCES town)	5,	c LENGTH OF STAY IN	1Ь	CITY OR TOWN (IF or Arbut		rote mits, write	RURAL and giv	e neorest to	nwo)
		at or institution (if no stland Blvd		d STREET ADDRESS 4749 Westland Blvd. e 15 ON YES							
	NAME OF DECEASED (Type or pnnt) SEX		MARY	Midd e		Lost B DATE OF BIRTH	4 DATE OF DEAT	M Octobe 9 AGE (In years		Doy	Year 19 67 UNDER 24 HRS
	Female	White	WIDOWED	NEVER MARRIED DIVORCED		6-4-1893		lost birthdoy)	Months	Days +	Haurs Men
du	ang most of working	(Give kind of work done the, even if retired) I Housewife	IN	ND OF BUSINESS OR DUSTRY		Baltimore, 14 MOTHER'S MAIDEN	Mar	"		ZEN OF W UNTRY? U	S.A.
			Kotmaiı	•		Rachae1					
		R N U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO		Mearle D.	Duva	, , ,	Savoy	Lane	Md. , Bowie
	18 CAUSE OF DE PART I DEAT	EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE DUE	(0) Cou	and a second	las	oular	Qu.	gase	<i>ap</i>		AND DEATH
	Conditions, if ony, rise to immediat stating the under last.	e couse (o),	(b) TO		-				18.4		
CATION			ONTRIBUTING 1	O DEATH BUT NOT RELA		THE TERM NAL DISEASE CO	NDITION G	VEN IN PART 1(o)			AS ALTOPSY REORMED?
A CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH				CURRED	(Enter noture of in ary in		art II of item 18)			
EDICAL	20c TIME OF INJU Hour on	URY Month, Doy, Year m.		Not While		CE OF INJURY (Hame, form arv. street, office bldg., etc.		(City or town)	((0	unty)	(Stote)

This certificate should be executed within 24 haurs after death. If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages permit. File pages I and 2 with the State the funeral director Page 4 shavid be farwarded to the Chief Medical Examiner's Office along with Health prior ta bural, crematian, or removal, and in any event within 72 haurs after death. as a burial-transit 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used MEDICAL EXAMINER: TO DEPUTY VR A15ME (5

NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) BURTAL 23b DATE THEREOF

10-16-67

OF CEMETERY OR CREMATORY

Not While

21 1 certify that I took charge of the remains described above held an Autapsy

Address (Street, city, town or county) LOCATION (City or Town)

Inquiry

Undetermined manner

Inspection 🔀

CHIEF MED CAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAM NER

{County}

10/12/67 22. DATE SIGNED

and in my opinian

Loudon Park Cemetery

Baltimore, Maryland 250 RECO CT I 6 1967

24 FUNERAL DIRECTOR ADDRESS H. Hubbard, 4107 Wilkens Avenue

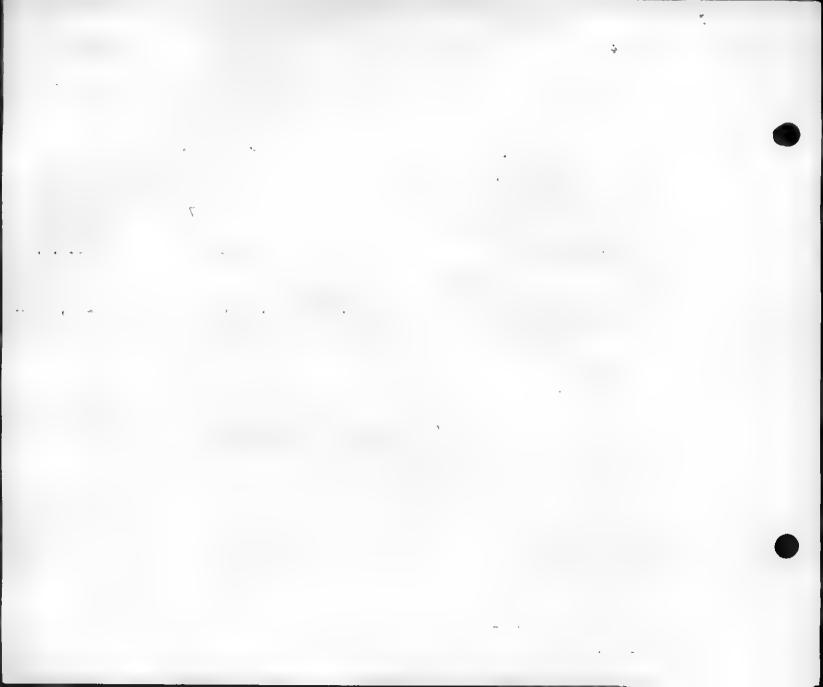
21229

9

ACTUAL

p.m

death resulted fram:

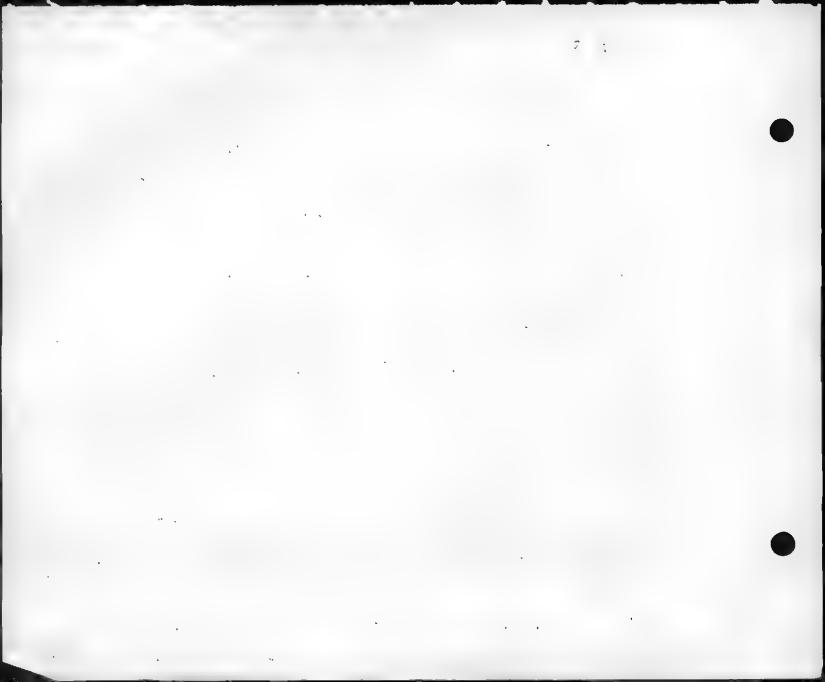


TO FUNERAL DIRECTOR: After this certificate las bein signed by the attending plysicial all certificate in by the Cartificate director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Pagm 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
13442

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	alinore MARYLAND	a. STATE or land b. COUNTY in inore
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town)	Cockeusville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
	ox 2.5 Tills word	Sox 25 Falls oad VES NO K
3.	NAME DF First Middle	Last 4. DATE Month Day Year
	(Type or print) . Lldred Jones Edwards	DEATH Oclo'er 23, 1907
5.	SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min.
4.6	enale wite widowed Divorced.	Jan. 29, 1713 St Dirthday) Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Jun iome	i parciland USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Earl Towell	Blanche rnes alban
15 (Y)	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
	o ione Fe	amily records
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPERA	TORY ARREST. INTERVAL BETWEEN ONSET AND DEATH SECONDS
Ш		THE HING & DEATH METHOTICE 11. 11
	Conditions, If any, which) (b) LANLER UP /	HE LUNG & BRAIN METHSTAGE MONTHS
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA		YES NO Y
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work at work	ry, street, office bidg., etc.)
2		Jarch 29, 1967, to colober 23, 1967, that (1) (we) last
	saw the deceased alive on October 23 19 67, and that	death occurred at 10.20M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Jullenno 1. Jongales M.D	ATTENDING MED. MED. STAFF DISCOUNTER 24/67
	22C. PHYSICIAN'S GUILLERMO I. BCNZHLEZ M	D 22d. ADDRESS 34 YORKRd. (BCKE4Sville Md. 21030
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL, (Specify)	OR CREMATORY 23d. LOCATION (City, town of county) (State)
	wright Jet. 26. 1967 Julaney Valle	u enorial Tockensville in and
	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
0	John Burns Sons, Touson, anyland	DATACT 27 1967 PCharley Judge



Jes J. 2, and 3 to

e Department a

TO DEPUTY MEDICAL EXAMINER: This cert ficate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

5 may be retained for your files.

Health prior to burial, cremation, or remayal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

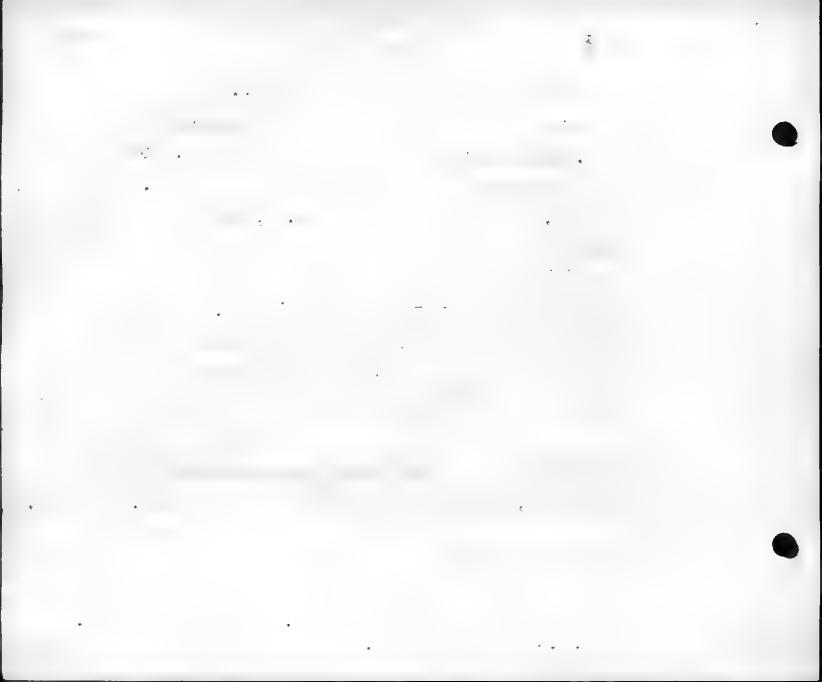
33

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13443

PLACE OF DEATH				ution Residence before odmission)
o. COUNTY	MARYLAND	o STATE	b (0	NIK
b CITY OR TOWN , t puisible conjurate limits,	C LENGTH OF STAY IN 16	C CTY OR TOWN (IF o	utside corporate im ts write F	IRAL and give negrest towal
write RuRAL and give neorest town)	C LEAVIN OF SANTIR II		so-and corporate in the Wille P	once one give neorest to not
Baltimore			Baltimore	
d NAME OF HOSPITAL OR INSTITUTION (finet in haspita)	give street oddress)	d STREET ADDRESS		B IS RES DENCE ON A FARM?
Ot Jacoulus Vacanit	-3	5910 S	unset Ave. 21	
St. Josephs Hospit	Middle	teos		nth Doy Year
DECEASED			OF	-1 10 10
(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED		ELARDO B DATE OF BIRTH 7	DEATH Oct	I IF UNDER I VEAR 1.F UNDER 24 HKS
	NEVER MARR ED	-	ost birthdoy)	Months Doys Hours Min
Male W WIDOWED	DIVORCED [Nov. 18.	1 883 \$3 81 vis	
	IND OF BUSINESS OR	11 BIRTHPLACE (Store	e or foreign country)	12 CIT ZEN OF WHAT
during most of working life, even if retired) Retired	NDUSTRY	Ital	v	COLNIRY
13 FATHER'S NAME		14. MOTHER'S MAIDEN	V	
delines feelin				
To the operation of the second	contract parties 117	I I I I I I I I I I I I I I I I I I I		
15 WAS DECEASED EVER N.U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURTY NO 17	Harry R. El.	ardo	ress
	O-TO-TSSON	5940 Sunset	ardo Aye 21207	
18 CAUSE OF DEATH (Enter only one couse per line for		10	/	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	Minana	-copory	sound IC	ONSET AND DEATH
DUE TO	19	11		The state of the s
Conditions from which nove >	and which	4 1711	and marine	2- 4/1/211
rise to immediate cause (a)	The pure	7 - 200	· · · · · · · · · · · · · · · · · · ·	2000
stoting the underlying cause DUE TO	111/1/11/11	d for	22.50	G 4/2 21
lost (c)	verimi		7107	10 206
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	INDITION G.VEN IN PART 1(0)	19 WASALIONSY PERFORMED?
				YES NO
2Do EXTERNAL CAUSE WAS 2Db Di PRIMARY I O CONTRIBUTING D	ESCRIBE HOW INJURY OCCURRED	(Enter noture of an unvin	Port or Port II of item IR)	
PRIMARY I or CONTRIBUTING I		` '	,	
	Fall at home	in apparen	t confusion	
E HOUR O.M. WEST	Mot White for	CE OF INJURY (Home, for tory, street, office bldg letc	m, 20f (City or town)	(County) (State)
(pm) Oct 5. 19 67 at wor	k ot work	Home	Balt	o. Md.
21. I certify that I took charge of the re				quiry , and in my opinia
death resulted from Natural causes		ide , Hamicide		
down resulted fall from full (doses [, Accident [1], 331	. / -	The state of the s	limitiei [
ACTUAL MALLEN THE	11 2	CHIEF MEDICAL		22 PATE SIGNED
SIGNATURE // CALLED	winde		D CAL EXAMINER	
EXAMINER'S Characa E OLD	oppoll M.D.		TAL EXAM NER	10/11/11/17
NAME (Type) Chartes F. O'D			et cify, fown or county)	11716/
230 BURIAL, CREMATION 23b DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or	lown) (County) / (Stofe)
REMOVAL (Specify) 10/18/67	Lorraine Pa	rk Cem.	Balti	more, Md.
24 EUNERA DRECTOR WITZKE F. D 4101 Edmo	ADDRESS	aca per		REGISTRAR'S SIGNATURE
Witzke F. D 4101 Edmo	7.	230, KEC	D. D. L. L. C. L.	KEGISIKAWA S SIGNIATUKE

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

131 4

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

171333

= + =	CAL CAMITITES 5	CERTIFICATE OF D	LAIII	TO THE R	
PLACE OF DEATH		2 USUAL RESIDENCE (Where			on)
· COUNTY Baltimore	MARYLAND	o STATE Marvla	nd b count	TY	/
b CTY OR TOWN (It outside corporate l'mits,	C. LENGTH OF STAY IN 16	c C TY OR TOWN (If outside o		AL and give nearest town)	
write RJRAL and give nearest town) TOWSON		Baltimore		3	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	ve street oddress)	d STREET ADDRESS		e IS RES C	DENCE
St. Joseph's Hospital	(D.O.A.)	601 E. 41s		ON A FI	NO 📿
3. NAME OF PIST DECEASED (Type or prot) & Miss Agnes	C Middle Enge	ors 0	ATE Month	er 18 196	67
X Female White 7 MARRIED [B DATE OF BRITH 9/20/1890	9 AGE (In years gst b.rthday) 77 yrs	Months Doys Hours	M n
	D OF BUS NESS OR USTRY othing	Maryland	ign country)	12 CTIZEN OF WHAT	
13. FATHER S NAME		14. MOTHER'S MAIDEN NAME			
Charles Engers		Anna Gie	y.		
		ohn A. Enger	288 8	Somsbury Av	ve.
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Cond.hons, if ony, which gave Inse to immediate cause (o), stoting the underlying couse lost. PART II OTHER S GNIFICANT COND T ONS CONTRIBUTING TO	DEATH BUT NOT PELATED TO	THE TERM NAI DISSASS CONDITION	SOVEN N PART I(a)	TIP WASAUT	
FAKTI ONEK JOHNKANI COID ONS CONTRIBUTION TO	DEATH BOT NOT KEEPED TO	THE TENNE HALL DISEASE CONDUCTOR	, , , , , , , , , , , , , , , , , , ,	PERFORM YES	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Part II of Hem 18)		
20c TIME OF INJURY Month, Doy, Year While of work	Let White for	ACE OF INJURY (Home, form lory, street, office bldg, etc.)	20f (City or town)	(County) ((Stote)
21. I certify that I took charge of the remedeath resulted from: Natural causes ACTUAL SIGNAPORE EXAMINER'S NAME (Type) Charles F. O'Do	ans described abave, he suited above, above, and he suited above, and he suited above, above, and he suited above, above, and he suited above, an	CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI DEPUTY MEDICAL EXAL Address (Street city	Undetermined mo	iry , and in my anner	P
23 a BURIAL CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR	and the second s	Bd. LOCATION (City or Tow	vn) (County) 18	note)
Burial 10/21/67	Holy Redeer	mer Cem.	Baltimore,	Maryland	
24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY R	EG STRAR 256 REG	STRAR S SIGNATURE	
eonard J. Ruck Inc. 530)5 Harford I	Rd. #1440CT 1	9 1967 10	work and	Lab.

5 may be retained far your files.

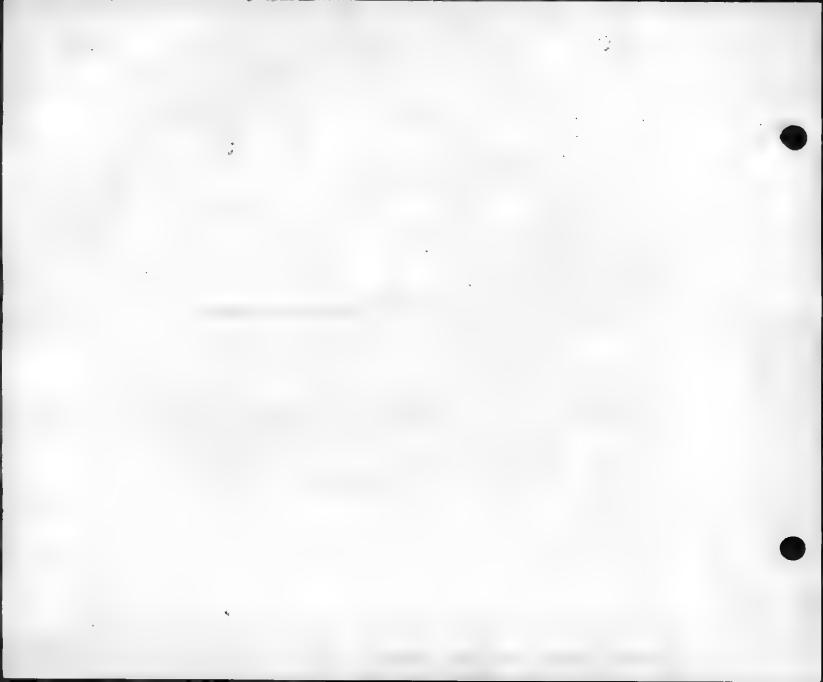
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. DEFUTY NOT ALEXAMILER: This certificate should be Executed within 24 hours after death 1f city lelay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18, Give Rages 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office allogo with farm. PM3. Page Health priar ta burial, cremation, or removal, and in any event within 72 hours after death. TO DEMUTY

FOR STATE HEALTH DEPT

VR A15ME (5)



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13445
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
STORE :	BALTIMORE MARYLAND MICH DETTIMOYE.
SS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the function of the function o	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
(3) (2)	Mt Carmel Rd. York Rd.
Adelay I and 3 to 2 Page Anours	3. NAME OF First Middle Last 4. DATE Month Day Year
E PER	(Type or print) / ARION RENIAMINE NOOF BEATH CCT. 23 196
Pages 1, the food	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED APY 123 1902 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Hours Min. Hours Min
	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY)
At EXAMINER: This certificate should be executed within 24 hours after deathe certificate, writing the word "pending" in pencil in Item 18. Give Pashould be forwarded to the Chief Medical Examiner's Office along with files. Tiles. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and designated agent, prior to burial, cremation, or removal, and in any event	Construction, Quilding Parklon, M.C. U.S.A.
ours afte n 18. Gi along pages 1 in any	William S Freez Minnie Hollingshedd.
ten Item Office and	15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT
within 2 pencil in miner's 0 permit. I removal,	(Yes, 10, or unknown) (If yes give war or dates of service) 2/3-28-6247 Charles W Casor Parklon Md-2/120.
Mitter permitter permitter permitter rem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Example of the context of the contex	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / ULTIPIE THAUMATIC INJURIOS SASTANT
exempling dical	Conditions, if any, which (b) (b)
uld be executed I "pending" in of Medical Exam a burial-transit i	gave rise to immediate cause (a), stating the DUE TO
shoul vord Chief as a rial,	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ficate shorthe work the work of the Chiral used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 2 PRIMARY DOT CONTRIBUTING CAUSE WAS PRIMARY DOT CONTRIBUTING CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 2 CAUSE OF DEATH.
intiffer to the	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS CAUSE OF DEATH.
writt writt arde ould t, pr	CAUSE OF BEATH. POTO Mobile INSUry The Time OF INHIPY Month Day Year 20d INHIPY OCCURRED 20e PLACE OF INHIPY (Hope, farm, 20f. (City or town) (County) (State)
R: This certiff ate, writing forwarded to 3 should be a agent, prior t	Hour a.m. (While - Not While factory, street, office bidg., etc.)
Triffic To be	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
CAL EXAMINER the certifica 4 should be ur files. EGTOR: Page	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
the the State of t	ACTUAL G ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TV MEDICAL execute the credit of the your its defined to the properties of the prope	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
COTY Cor. Cor. Cor. Sed f	EXAMINER'S P. M. FRANCE Address (Street, city, town, or county)
TO DEPUTY MEDICAL EXAMPLESSES execute the cerdirector. Page 4 should retained for your files. TO FUNERAL DIRECTOR: Prof. Health or its designa	232 RURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 23d, SOCATION (City, town or county) (State)
1	24/ FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME	Sacot Annens lin New Fineldom, Pa. DAGCT 27 1967 ochanles Judge
350D 4-64	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12446

		CERTIFICATE	OF DEATH				
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)	=			
	- (o. COUNTY BEITIMONE MARYLAND	a. STATE M D 6. COUNTY BALTO				
		b. CETY OR TOWN (It outside corporate a mits and I in FNGTH OF STAY IN The	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)				
		write RURAL and give nearest town) Garhison 11 days	JOPPA				
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE				
77		FOXLEIGH NUISING HOME	1705 HINES LANE ON A FARM?	1			
		NAME OF First Middle DECEASED	Lost 4 DATE Manth Day Year				
	((Type or print) LILLE >	15 V B, 1 > DEATH 10 12 19 67	1			
	S. 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IE UNDER 1 YEAR IE UNDER 24 HR last birthday) Manths Days Hours Min				
		EMALE WITH WIDOWED DIVORCED	2-20-1120 67 yis				
	10a duri	LSUAL OCCUPATION (Give kind of work dane ing spot of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country) 12 CT ZEN OF WHAT COUNTRY?				
		nousewile	Ennice, N.C. Marx USA				
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	_			
		John Tompkins	Bid Sue Whittaker				
	IS (Ye	se are unknown). (If we one were detected convenient	NEORMANT Address	_			
	(1.4.	no 239-18-907782 GM	vn Evans, Et. 2, Darlington, Pd.				
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN	=			
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CONCLOSED (0)	asculon Accident pours				
		SSIX DUE TO 1 -					
		Conditions, if any, which gove (b) HY QUE DU	croses contract	72			
		stating the underlying cause DUE TO					
		last. (c)					
	N	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?				
1	MEDICAL CERTIFICATION	Cerebrak Vasculon Acc.		3			
	RTIFI	20d ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE DE DEATH	(Enter nature of injury in Part I or Part II of item 18.)	-			
	5	(IF EITHER, NOTIEY MEDICAL EXAMINER)					
	200		CE OF INJURY (Hame, farm, 20f (City or town) (County) (State) ary, street, office bldg., etc.)				
	N.	p.m. 19 at wark at work					
		21. I certify that (1) (this haspital) attended the deceased fram_	10 -1(, 19 67, to 10-22 , 1967, that (1) (we) to	ast			
			t death accurred at 11:3c.PM, from causes and an the date stated above	/e.			
	-1	220 SIGNATURE	ATTENDING MED STAFF 22b DATE SIGNED				
		Lovel & hulle MC	D PHYS DIRECTOR PHYS. L. 10-276				
,		22c. PHYSICIANS NAME (Type) David I. Millar	22d. ADDRESS Lucison Red. Congress Mills M.	1			
Ì	230.	BURIA., CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (State)	=			
Removal (Specify) Reins-Sturdivant F.H. Sparta							
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE							
-	4	Howard K. McComas & Son, Abingdon, Md.	DATE OCT 2 / 1967 OCL - 1 0				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers Pages 1 agd 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physician.

VR A15 (II) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13 CERTIFICATE OF DEATH

13447

X L														
}		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 5. COUNTY B. COUNTY							
4	0	. COUNTY Baltimor	e		MARYLA	ND	Maryla	nd		D. CC	JUNIT	w ₁		
Ì	Ŀ	. CITY OR TOWN (I	outside corporate limits,		c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside carporate brints, write RURAL and g						give nearest town)		
		Towson	give nearest town)				Baltim	ore	#212	13				>
	(I. NAME OF HOSPITA	L OR INSTITUTION (IF not i	n haspital, g	ive street address)		d. STREET ADD	RESS				е	IS RESID ON A FA	ENCE
			ph Hospital				3136 K	enyor	1 Ave	nue		, Y		NO 🛂
		NAME OF DECEASED	First		Middle		Lost		4. DATE	М	anth	Day	Yea	t
	(Type ar print)	Jose		Α.		CANGMAN		DEATH		tober	13	196	
	S. S	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		. DATE OF BIRT	Н		AGE (In years last birthday)	Months Months	Days	Hours	Min.
		Male	White	WIDOWED	DIVORCED		July 29			53 yrs				
			(Give kind of work done interesting)		#D OF BUSINESS OR DUSTRY		11. BIRTHPLAC	E (County &	l State, or f	areign country)	12	CITIZEN OF COUNTRY?	WHAT	
		ng mast of working l	r		o. Gas & El	ec.				ryland			UOA	
	13.	FATHER'S NAME	Anthony	Pan ome	199		14. MOTHER'S	MAIDEN N		lanche	?			
	15 (Yes	WAS DECEASED EVEL ((was no unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates at s	and the All	OCIAL SECURITY NO.		REFORMANT		T)		dress	1-		
	,	Yes	W W Z	212	2-09-7156	Mrs	. Hilda	l M.	t. sr DSu	ian		(Same	(Same)	
		18. CAUSE OF DE	ATH (Enter only one couse	per line for	(a), (b), and (c))	-	<u> </u>	,		2)			RVAL BETV ET AND DI	
	ŀ	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma of the left leg (amputated)										0113	CI AUD DI	LPK141
		17/1	DUE TO											
-	1	(conditions, if any, which gave) (b) Metastasis to the abdomen, lungs, and brain												
1	-	stating the under	lying cause (DUE IC											
-1		last.) (c											
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)											WAS AUTO PERFORME S []	PSY D? NO X
	2	20o ACCIDENT WAS	LINDERLYING [7]	20h DES	CRIBE HOW INJURY OCC	IRRED. (Enter pature of	injury in P	ort I or Po	rt II of item 18.)		16.	<u>' </u>	10 [33
	<u> </u>	OR CONTRIBUTING	CAUSE OF DEATH	200. 02.	THE TIEFF WHEN THE	,				, , , , , , , , , , , , , , , , , , , ,				
-	- 4	20c TIME OF INIU	RY Manth, Doy, Year	20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (He	ome, form.	20f.	(City or town)	(County)	(5	State)
- 1	MEDICAL	Haur a.m		While	Not While		ry, street, office l		20	(4.1))	,	,,	1-	
1	ŀ	р.п 21 1 сот##	y that (I) (this haspi	ot work		amAss.	mict 26	10	167	toOotobo:	9 2 3 10	067 th	ot (1) (v	vo) last
1	-		ceased alive anOct											
-1	Ì	22g. SIGNATURE	//	/ /	,	-						DATE SIGNE		
-	ı	_	frulal	Esco	las_	M.D	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS	[☆ 0c	ctober	14,	1967
-	١	22c. PHYSICIAN'S	V				22d. ADD	RESS						
-	-	NAME (Type)	Anibal Esc	cobar.	M.D.		7620	York	Roa	d To	owson.	Mars	land	
	230.	BURIAL, CREMATIO	N, 236 DATE THERE		23c NAME OF CEMETE	RY OR C	REMATORY		23d. U	OCATION (City or	Tawn)	(Caunty)	(St	ate)
		REMOVAL (Specify)		67.	Holy Rede	emel	Cemete	TY	I	Baltimor	e.Md.			
1		FUNERAL DIRECTOR	1		ADDRESS			So. REC'D	BY REGIST	RAR 2Sb.	REGISTRAR'S			
19	Ta	none rd .	L. Ruck . Inc.	Balto	Md. 2121h			N	CT 1	6 1967	well	muta.	Vend	40 to

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, mage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I god should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 23 hours of the deat Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



after death.

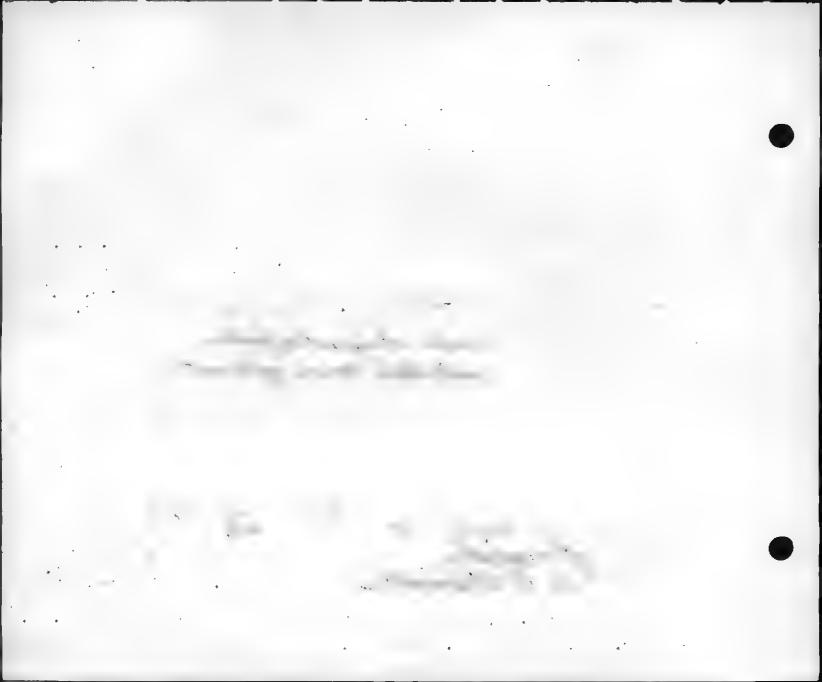
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cours TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the Beath certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Bal Timore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson & days	Edgemere
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
GREATER BAITIMORE MEDICAL CENTE	2 7209 Waldman AVENUE YES NO DE
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Marina Wills te	LRRIS DEATH OCTOBER 18 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH, 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female CAU WIDOWED DIVORCED	2 /2 8 / 13 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during, most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House WIFE	West Var RGINIA U.S. A.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HORATIO DAWSON	Clara V. Dawson (YoungBlood)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMA(Musband) AdEdgemere, Md.
No. 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marion Farris, 7209 Waldman Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Cocho - Resp.	FWAVY F
Conditions, If any, which (b) metadate	and Mh-not
gave rise to inimediate	mes of over
cause (a), stating the DUE TO underlying cause last.	8
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
K V	PERFORMED?
20a. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCU	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour s.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	7/30 1967 to 10/18 1967 that (1) (we) last
saw the deceased aliveron 1967, and that	death occurred at 6.4MM, from the causes and on the date stated above.
22a. SIGNATURE	Legali occurred a Legali, from the causes and on the date stated above.
Amanda:	ATTENDING MED. STAFF 10/18/67
22c. PHYSICIANS M.D	PHYS. DIRECTOR PHYS. M. 20/20/01
NAME (Tybe)	Greater Balto, Medical Center, Towson,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Oct. 21. 1967 Mount Nebo Ce	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John J. Duda, 7922 Wise Ave. Dundalk, Md.	

VR ALS (4) 20M 1/65





FOR STATE HEALTH DEPT.

P.M.3. Page

dytment of

Store Depo

This certificate should be executed within 24 hours ofter death. If only delay is reate, writing the word ipending in pencil in item 18. Give Pages 1, 2, and 3 to

the funeral director Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with fortal

necessory, please execute the certificate, writing the word 'pending'

TO DEPUTY MESTCAL EXAMINER:

5 may be retained for your files

VR A15ME 6M 1/67

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Health prior to buriol, cremot on, or removol, and in any event within 72 hours after death.

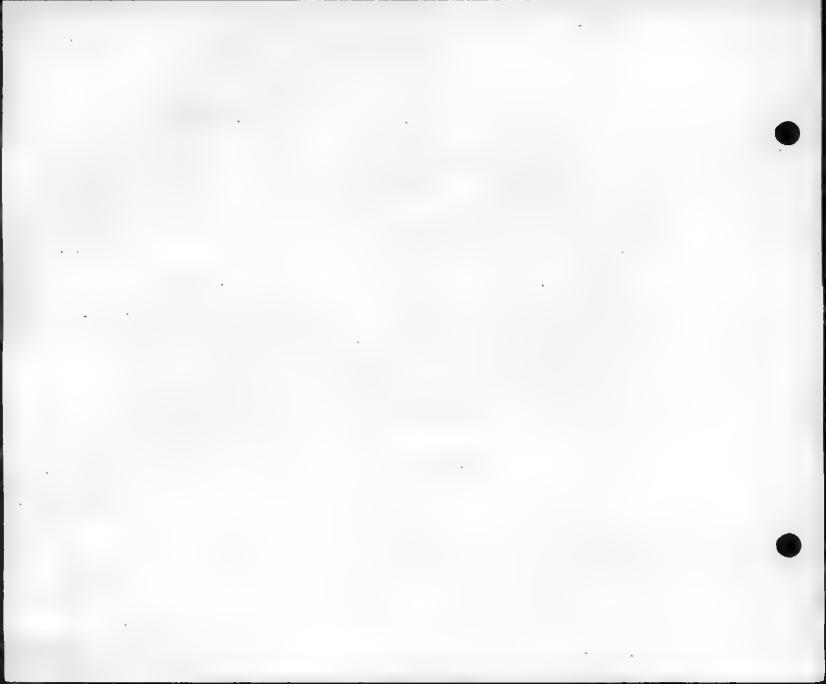
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13450

- 1-																
		OF DEATH								Where deceas	ed lived, if inst		_	re odmission)	1	
	o. COUN	Baltimo	re			MARYLA	AND	Maryland b. COUNTY						2 - 1		
	b CITY	OR TOWN (If outsa	le corporate limit	5,	c LENGTH	OF STAY IN	1b	c CITY OR T	OWN (IF ou	tside corpora	te limits, write	RURAL and	give nedre	ve nedrest town)		
	write	RURAL and give r	Monk ton	L	Yr	Yrs.		Carı	coll I	Rd.,Mo	nkton					
	d NAME	OF HOSPITAL OR	NSTITUT ON (If no	at in haspital, g	ive street o	ddress)		d STREET AS	DRESS					e IS RES DEN		
	Fa	lls Road	at Pipe	line				Peck	nenia	l Farm	าร			YES X NO		
3	NAME (Eu	rst		Middle		Lost		4 DATE	N	lonth	Do	y Year		
	(Type or	r print)	THOMA	S	ED'	WARD		FINNER	RTY	OF DEATH	Oc:	tober	20,	19 6	57	
5	SEX	6 (0	LOR OR RACE	7 MARRIED	NEVI	R MARRIED	#	B DATE OF BIS	RTH	9	AGE (In years last birthday)		ER I YEAR Doys	FUNDER 2		
	Mal		White	WIDOWED		DIVORCED		4-3-19	443		23 yrs		Doys	nauts	Мn	
1	Oo USUAL	OCCUPATION (GIVE I	nd of work done	10b K	ND OF BUSI	NESS OR		11 BIRTHP	LACE (State	or foreign co	ountry)		CIT ZEN O			
C	aring musi	t of working life, eve Clerk	n rrenreaj	1 1	DUSTRY			Bal	timo	re			U.S	.A.		
	3. FATHER	R'S NAME						14 MOTHER	S MAIDEN	NAME						
		Thoma	s C. Fin	nerty				Lo	orrai	ne M.B	总全地的##	Barro	n			
	S WAS DI	ECEASED EVER IN US	ARMED FORCES?	16 1	SOC AL SECU	RITY NO	17	NFORMANT				ddress .				
	No.	nukuawn) if Likesi	give war ar aares c	i zetalce)			E	dward A	A. Ba	rron.	107 Osl	borne	Ave.	21228		
	18. C	AUSE OF DEATH (F		ise per line for	(a) (b), an	d (c))							IN	TERVAL BETWE		
	1	PART I DEATH WAS	MMEDIATE CAUSE	(o) Mu1	tiple	_Cereb	ros	pinal Injuries						NSET AND DEA	,IH	
	CJ14 DUE TO										-					
		ions, if any, which		(b)												
-		immediate cause the underlying (TO													
	last.		}	(c)												
/ -	PART I	II. OTHER SIGN F CA	O DEATH BI	JT NOT RELAT	TED TO 1	THE TERMINAL (DISEASE CO	VD T ON G VE	N IN PART I(o))	19	WAS AUTOPS PERFORMED	SY 2			
3 3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\													YES NO		
CEBTE	200 E	200 EXTERNAL CAUSE WAS PRIMARY ☐ NO CONTRIBUTING ☐						(Enter nature o	finjury n	Part Lar Par	t I of tem 18)					
12	J CALSE	OF DEATH.	IINO 🗆	Dri	ver o	f moto	orcy	cle sp	ın ar	ound a	nd cra	shed i	into	ditch		
MACDIC AL	20c T	IME OF INJURY MO	onth, Day, Yeor	20d IN	DV OCCII	DDED 4 0	OB PLA	CE OF INJURY (Home form	201	(City ar town		(Caunty)		ate)	
744	6:	10 pm	10/20 196	7 While at wark	Not V	Vhile X	tact	ory street office	e bldg , etc., C			Ва	1ltim	ore, N	1d.	
	21.	. I certify that	I taak charge				ive, he	ld an Autap	sy XI,	Inspects	an I	nquiry [, an	d in my op	ointor	
		ath resulted fro	_	al couses [_	dent X			Hamicide	D. Ui	ndetermined	manner		, 1		
	4.0711	. 1		_)			CHII	F MEDICAL	EXAMINER						
	SIGNA		nent	1.	1 5			M D ASS	ISTANT MED	ICAL EXAMIN	ER 🛣			22. DATE SI	GNED	
;		INERS We	rner U.	Spitz	M.D.					L EXAMINER total,		10	0/21/	67		
2		L, CREMATION,	23b DATE THE	EREOF	23c NA	ME OF CEMETE	ERY OR	CREMATORY		23d LO	CATION (City or	Town)	(Count	y) (Stat	re)	
	RENAD	ur (raty)	10-24-6	7	Holy	Rosar	Э			Bal	timore	, Md.				
	24. FUNER	RAL DIRECTOR			AC	DRESS				BY REG STR		REGISTRAR	s signatu	RE		
7	Wm	. Cook~B	rooks To	wson,	Towso	n, Md.			DATE	T 26	1967	Other	J. ER	mage	P 7	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13451 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY ARY Land CHINTY ALTIMORC MARYLAND delay CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) form Pages Middle DECEASED OF DEATH actober ward Give cate, writing the ward-pending in pencil in Item 18. Giv be farwarded to the Chief Medical Examiner's Office alange DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED Clost birthdoy) in any event within 72 haurs after death WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY BALTO Self Emp. Ret. Farmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. certificate shauld be executed (Yes, no, or unknown) (If yes give wor or dotes of service) Mary E. Fitch 7611 Fitch Lane 1B. CAUSE OF DEATH (Enter only one couse per line for (o)/(b), ond (c)) PART I. DEATH WAS CAUSED BY Ken selesolu Cardeo Vascula DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse D. as a pe nseq PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, Whilliam 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW ALLRY OCCURRED (Enter nature of njury in Part I or Part II of Item 1B.) 3 shauld 4 shay d PRIMARY OF CONTRIBUTING burial, crematian, ar CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour om. foctory, street, office bldg , etc.) may be retained tar yaur FUNERAL DIRECTOR: Page Not While ot work of work 21. 1 certify that I took charge of the remains described above, held an Autapsy nspection [Inqu'ry () he funeral director. death resulted from Natura causes Accident Homicide Undetermined manner Suicide . CHIEF MEDICAL EXAMINER ACTUAL

Statth prior to 50 VR A15ME (5) 6M 1/67

SIGNATURE

NAME (Type)

230 BURIA., CREMATION

24 FUNERA, DIRECTOR

REMOVAL (Specify)

Lassahn Funeral Home 7401 Belair Rd.

23b DATE THEREOF

9/9/67

25g RECD BY REGISTRAR 1967

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

23c NAME OF CEMETERY OR CREMATORY

St. Joseph Cem.

Balto. Md. 25b REGISTRAR S SIGNATURE Milanes Judge

(County)

Address (Street city town, or county) 7507 Bellew Rel 3 C.

23d LOCAT ON (City or Town)

Fullerton

e IS RESIDENCE ON A FARM?

YES NO

Year

19 6

IF UNDER 24 HRS

Hours

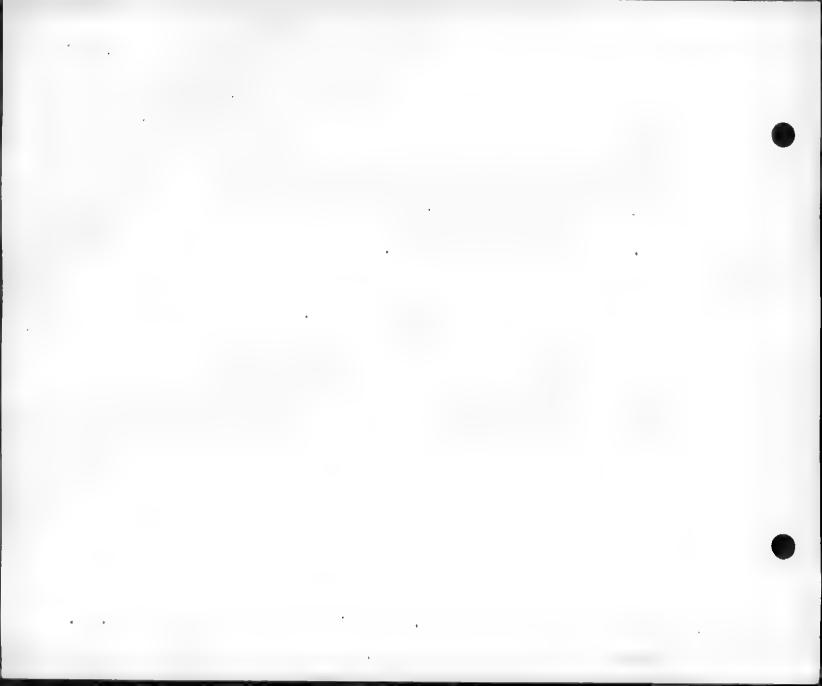
21236 INTERVAL BETWEEN

19 WAS AUTOPSY PERFORMED?

and n my apintan

22. DATE SIGNED

NO K



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3448

CERTIFICATE OF DEATH

13452

	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND		UNTY Baltimore
	b CITY OR TOWN (If outside corporate limits, write Right end outside corporate limits,	yrs.	c. CITY OR TOWN (If outside corporate limits, write R Lutherville	URAL ond give neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in 1802 Clermont Ct.	hospitol, give street oddress)	d STREET ADDRESS 1802 GlermontCt.	e is residence on a farmay yes no
	NAME OF DECEASED (Type or print) Marie Paul	ine Fles her	Lost 4. DATE OF Oct.	30,67 Doy Year
S	E Courc	MARRIED NEVER MARRIED 6 VIDOWED DIVORCED	B DATE OF BIRTH 6-77-1883 9 AGE (In yeors lost birthdoy) 84 yrs	Months Doys Hours Min
10o dur	o USUAL OCCUPATION (Give kind of work done ing most of work ng lite, even if retired) Homemaker	106 KIND OF BUSINESS OR INDUSTRY Home	11 BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? II S A
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
	Leon Michails		Martha VonBushna	r
	WAS DECEASED EVER IN U.S. ARMED FORCES?			ress
	es, no, or unknown) (If yes give war ar dates of ser 10		Dr. E.E.Flesher, Luthery	ille Md 21093
	18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)			INTERVAL BETWEEN ONSET AND DEATH
	Sond there of any which gave a	")sis 2 mons.		
	rise to immediate couse (o),			
П	stoting the underlying couse (c)	cerebral edema		3 days
		RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
TION	arterioselerotic c.	rdio vascular dista	3<6	PERFORMED?
CERTIFICATION	20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port 1 or Port 11 of item 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a.m.		CE OF INJURY (Home, form, 20f (City or town) ory, street, office bldg , etc.)	(County) (State)
П	21. I certify the (1) (this haspite	I) attended the deceased from	arch / 1964 , to ctober	30 19 57, the (I) we) la
Н	sow the deceased alive onOc	toher 28 1967 and that	t death accurred at <u>3 : 1.5/</u> M, from causes	ond an the date stated abov
	220 SIGNATURE	M.E. W.		22b. DATE SIGNED 10-30-67
	22c. PHYSICIAN S NAME (Type)	יעיין, גיין	22d ADDRESS York Rd. Timonium	, Md.
230	BLRIAL CREMATION, 23b DATE THEREO REMPYL GRASSHENT NOV. 1		· ·	own) (County) (Stote) le, Md. Balto.
24	4 FUNERAL DIRECTOR	ADDRESS		REGISTRAR'S SIGNATURE
ч	Wm. Cook-Brooks Towso	n. Towson, Md. 2120	1 MALLA 4007	Thanks Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeful director, page 3 should be detached for use as the bunal-transit permit. Then please remove carborr-pagers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, with 1/12 hours after death

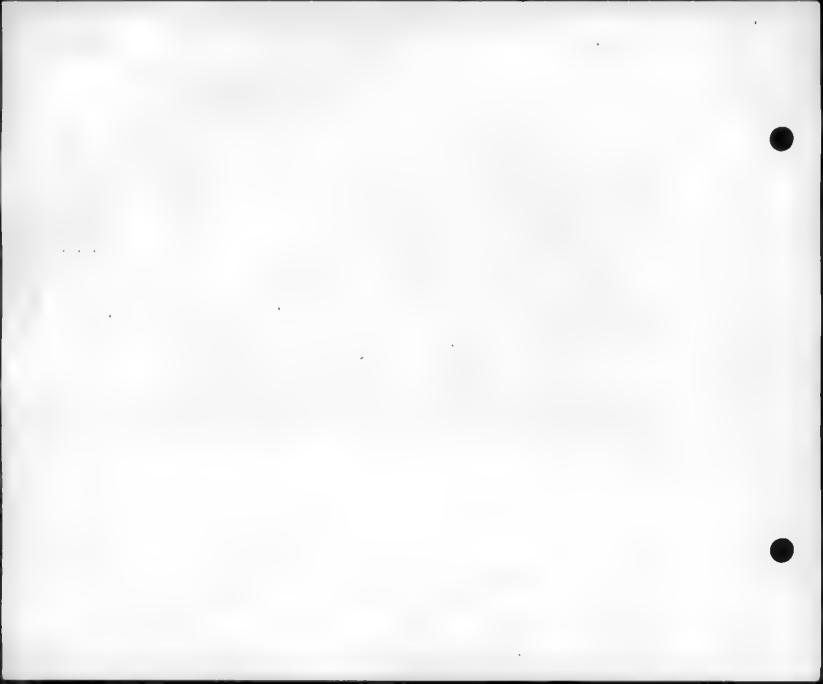
VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12449			CERTIFIC	ATE OF D	EATH		4.09	193
o. COUNTY	ALTIMORE		MARYLAN	a. STATE		te deceased lived, if institution b. CO.		fore odmission)
b CITY OR TOWN	(If outside corporate limi id give negrest town) IKESVILLE	ts,	c LENGTH OF STAY IN 18		BALTIMO	e corporate limits, write R PRE	URAL and give near	37.4
	TAL OR INSTITUT ON (IF I NOR NURSIN		give street address)	4023	ADDRESS NORFOLK	AVENUE		e IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print)		irst	Middle	Lost FLC	4.			9 Year 5 19 67
S. SEX FEMALE	6. COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF B	IRTH	9. AGE (In years on birthdoy) 92 yrs.	Months Days	
	N (Give kind of work done	10b K	IND OF BUSINESS OR HOUSTRY	11 BIRTHP	LACE (County & Sto	ote, or foreign country)	12 CITIZEN COUNTRY	
	IS FOOKSMAN			УE	R'S MAIDEN NAMI			
(Yes, ng, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO.	17. INFORMANT RS. HILDA	LIBOV.	7121 PARK AND PARK TOWER	APTS . A	PT. 304
Conditions, if any nse to immedia stating the under	r, which gave) te cause (o),	(a) C (b) D (c) (c)	rateta	s m	ell	tu		onset and death
200 ACCIDENT WA	,	C	TO DEATH BUY NOT RELATED SCRIBE HOW INJURY OCCUR	610	noch	atris	1	9 WAS AUTOPSY PERFORMED? YES NO
윷 Hour a.	URY Month, Day, Year m. 19	29d I While at war	Nat While	PLACE OF INJURY factory, street, off		2Df (City or town)	(County)	(State)
	eceased alive an_	10-1	ded the deceased from 1960, and 2000	that death account of the state	ourred at	M, fram causes M, fram PHYS BEIGHTS AVE	and on the do	
230 BURIA., CREMATII REMOVAL (Specify BURTA) 24 FUNERAL DIRECTO	10-8-	67	236 NAME OF CEMETER SHOMREI M ADDRESS	ISHMERES	2So REC'D BY			ND TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the douth certificate be executed within 24 haurs ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fugeral director, page 3 shauld be defacted for use as the burial-transit permit. Then please remaye conday papers. Pages 1 and a shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony exent, within 72 hours after detailed. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO MOSTITAL OR ATTEMBING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove farly accorded be filed with the State Dept. of Health prior to buriol, cremotion, ar removal, and in any event,

hours

CERTIFICATE OF DEATH

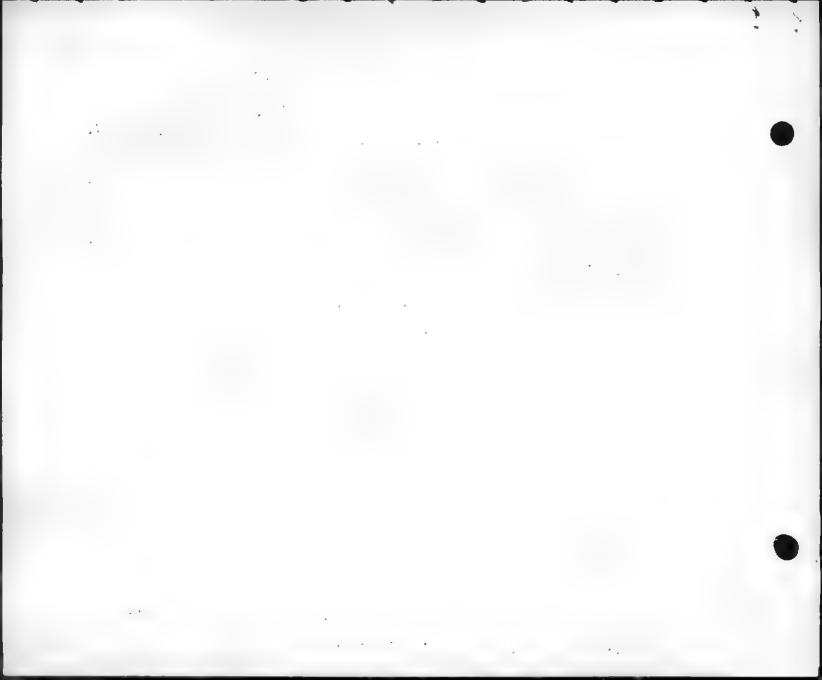
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PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence be	etore odmission)
O. COUNTY DAITO	o STATE 1 6. COUNTY	
b CITY OR TOWN (If outside corporate limits, C LENGTH OF STA)	AY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nec	1
write RURAL and give nearest town)	AT IN 10 C CITY OK TOWN (IT outside corporate limits, write ROKAL and give ned	orest town)
CATONSVILLE	CATONSVILLE	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
SUMMIT HOME	35 MEGUIN AUE	YES NO
NAME OF First Middle	Lost 4 DATE Month	Doy Year
DECEASED /// FOR THE STATE OF T	OF OF	1967
	RIED T 8 DATE OF BIRTH 9 AGE (IT YEAR	
	last birthdoy) Months Doy	
m WIDOWED DIVORCE		
to USUAL OCCUPATION (Give kind of work done IDB KIND OF BUSINESS OR Dring most of working life, even if retired) INDUSTRY	R 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN COUNTR	
ining most of walking life even if ferried)	Md.	3.a.
I. FATHER S NAME	14. MOTHER'S MAIDEN NAME	
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S WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	D. 17 INFORMANT Address	
(at no or unknown). If use sine wor or dotes of convent		
VES WW II 12190186	220/4UELE 4. FORT	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	na of stilling s	Emanth
763 X BULTO		
Conditions, if any, which gove) (b) Caleuras	evolic Condiavandon disease 6	's eventh
rise to immediate couse (a). stating the underlying couse DUE TO		
last (c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	DELATED TO THE TERMINAL DISEASE COND TYON CIVEN IN DADT (a)	19 WAS ALTOPSY
20. ACCIDENT WAS UNDERLYING TO 20th DESCRIBE HOW INJURY	KLEATED TO THE TERMINAL DISEASE COND TON STATE AS FART (0)	PERFORMED?
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200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CITYLED NOTICE MEDICAL EXAMINED	Y OCCURRED (Enter nature of injury in Port I or Port II of Hem 18)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED	20e PLACE OF INJURY (home, form, 20f (City or town) (County)	(Stote)
Hour o.m. While Not While p.m. 19 of work of work	factory, street, office bldg., etc.)	
21. I certify that (I) (the lead of the decease	ed from Jan 1967 to Oct × 1967	that (!) (we) las
	, and that death accurred at 6.10AM, from causes and an the d	
220. SIGNATURE	22b. DATE SI	
and a distribution	ATTENDING CO. STAFF	(A -/ ")
from nucle	M.D PHYS DIRECTOR PHYS LI	76/
22c PHYST ANS NAME (Type) 10 HAV A ALTO 11 177	10 To Sto Anna RI R otion	1 /212
A LINGSHIN A VAPARION	15 1002 100 mm (141, 1) octions	emi sp
	EMETERY OR CREMATORY 23d LOCATION (City or Town) (Cou	enty) (Stote)
3 REMOVAL (Specify) 10/6/67 BALTE	O. NATIONAL BALTO, MIL	
24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 REG STRAR'S SIGNA	TURE
I I MALL LAME SOLFREDER	DATE OCT 1 0 1967 Journes	Verdella



death. hours after filled in I ve carbon paper: event_within 72 completely) and (in any physician en please r and death certificate removal, tificate has been signed by the atten for use as the burial-transit permit. I Health prior to burial, cremation, or law requires that the or attending physician. After this certificate had be detailed for use State Dept, of Health I the hospital ATTENDING PHYSICIAN: DIRECTOR: After tage 3 should be defined with the State retained page Page 4 h. TO FUNERAL P

20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3452 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY Marvland Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate amits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 vears Timonium Catonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Ridgeway Manor Nursing Home 102 Washington Street YES NO X NAME OF Middle First Lost 4. DATE Month Doy Yeor DECEASED **HENRY** H. FREEMAN SR. OCT. (Type or print) DEATH IF JNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 4 HRS 7. MARRIED **NEVER MARRIED** lost birthdov) Months Dovs WIDOWFD T DIVORCED Sept. 22. 1874 93 Male Cau. The HSUAL OCCUPATION (G ve kind of work done LOb. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY Baltimore City U.S.A Custodian New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christina Henft John F. Freeman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Spanish—American War Same as 2 D None Mr. Ira L. Freeman INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate cause (a). DUE TO stating the underlying couse (4) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) NO 54 YES [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from OCY-.26 1964 ta 1967, that (I) (we) last 2 19 67 and that death occurred at 57\$ AM, from causes and on the dote stated abave. saw the deceased alive on_ 22o. SIGNATURE 225 DATES GNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 230 BURIAL CREMATION. 23b. DATE THEREOF MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Burial (Specify) 10-6-67 Loudon Park Cemetery Baltimore Maryland 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 196 Wm. Cook-Brooks Towson Inc. Towson, Md. 21204

24 hours after death

PHYSICIAN: The law requires that the death certificate be executed within

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DIRECTOR:

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VR A15 (4) 25M 1/67

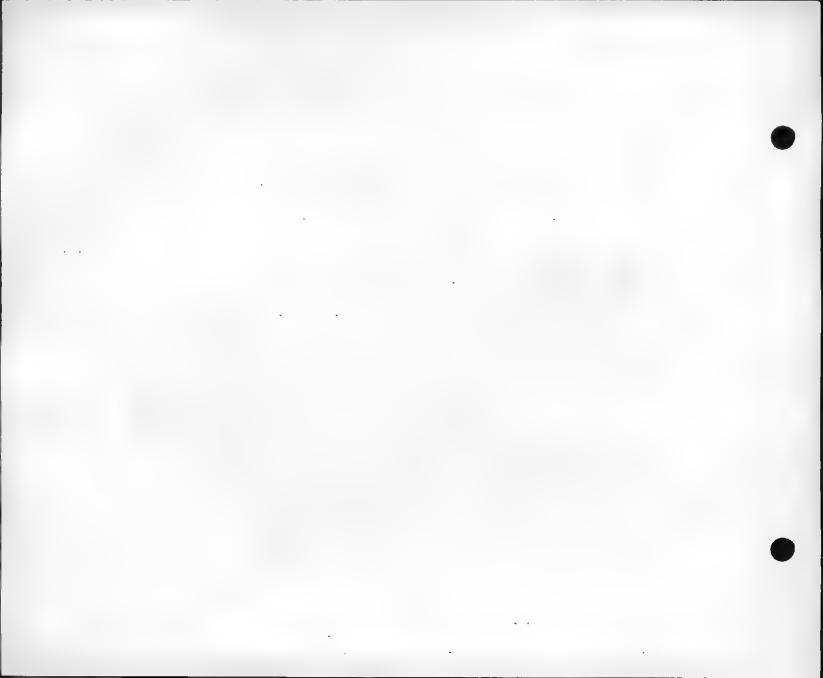
director, page 3

OR ATTENDING

O HOSPITAL FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13459USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH b COUNTY p. COUNTY o STATE BALTO. MARYLAND c CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ESSE e 15 RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the ward "pending" in penal in Item 18 Give Pages 1, 2 4 should be forwarded to the Chief Medical Examiner's Office along with Toym ON A FARM? NO 136 State 4 DATE NAME OF DECEASED DEATH Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS 9 AGE (In years (ast birthdoy) in any event within 72 hours after death. DIVORCED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) COUNTRY? 15 A 13. FATHER'S NAME JOSEPHEUS FRIEND 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service 214-01-920 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line PART 1 OEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 o so o 19 WAS AUTOPSY PERFORMED? 3 should be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) burial, cremation, or removal, NO € 20o EXTERNAL CAUSE WAS 206, DESCRIBE HOW NIURY OCCURRED, (Enter noture of mory in Part 1 or Part II of item 18) PRIMARY TO OF CONTRIBUTING C MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TME OF NJURY Month, Day, Year the funeral a rector ruge 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Not While factory, steet, office bidg , etc.) of work of work Inspection 2). I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Suicide . death resulted from Noturo caoses Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAM NER Address (Street, city, town, or county) 23d LOCATION (City or Town) OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. REMOVAL (Specify) 24 FUNERAL OIRECTOR 250 RECOBY REGISTRAR VR A15ME (5) J.G. CONNELLY 6M 1/67 300 MACE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within-24-hours after death funeral dea PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND Pages 1 b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURA, and give nearest town) write RURAL and give nearest town) hours d STREET ADDRESS e 15 RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address) corbon popers ON A FARM? within YES NO K NAME OF Middle 4. DATE First Month Year completely DECEASED OF DEATH 19 (2 (Type or print IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED DATE AGE (In years 6. COLOR OR RACE 7, MARRIED 8. OF BIRTH pleose remove birthdoy) Months Doys Hours or removal, and in any WIDOWED DIVORCED physician and .2 CIT.ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 14 MOTHER'S MAIDEN NAME unce offending physonermit. Then p 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war-or dotes of service) SOCIAL SECURITY NO 17 INFORMANT Address permit. signed by the offer burial-transit permit burial, cremotion, o 3 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physicion. DUE TO Conditions if ony, which gove rise to immediate couse (a). DUE TO offending as the prior to stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use Health | CERTIFICATION YES NO Poge 4 moy be retained by the hospital or <u>to</u> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of should be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) While Not While ot work 21. I certify that (1) (this hospital) attended the deceased from. director, page 3 should should be filed with the and that death accurred at 11. O.M. from causes and on the date stated above. 196 sow the deceased alive on 220. SIGNATURE DATE SIGNED 22b. **ATTENDING** STAFF DIRECTOR M.D. PHYS. PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE JHEREO NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) PREMOVAL (Specify) REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25o. REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66 196



15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1345	
1.	PLACE OF DEATH	

24 FUNERAL DIRECTOR J. F. Eline & Sons

Reisterstown, Md.

MEDICAL CERTIFICATION

	13457			CERTIFICA	TE OF DEATH			1333	m.b				
	PLACE OF DEATH o. COUNTY	Town Ball	timore	MARYLAND	2 USUAL RESIDENCE O. STATEMARY	E (Where deced	sed lived, if institut b. COUI		e admission))			
	b. City or town (Towson	If outside corparate limit d give nearest tawn)	s, t.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FreeLand								
		AL OR INSTITUTION (If no Hospital	at in haspital, give :	street address)	d street address Gore Mil	l Road			ON A FAR	M?			
3.	NAME OF DECEASED (Type or print)	Fi	amuel	Middle W	Gilligan	4. DATE OF DEATH	Mont 10		year 19 6				
5.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/21/19	00	9 AGE (In years last hirthday) yrs.	Months Days	IF UNDER 2 Hours	Min.			
10a dur	USUAL OCCUPATION	N (Give kind of work done life every in retired) A L		DF BUSINESS OR TRY	11. BIRTHPLACE (Cou	nty & State, or fo		12. CITIZEN OI					
13.	FATHERS NAME Samuel	Gilligan			14. MOTHER'S MAID!	n name beth W	eber						
15. (Ye	WAS DECEASED EVI (1) Or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates or	of service) 16. SOCI. 216-	AL SECURITY NO -20-3555 /	rs. Margare	t Ward	Freela	nd, Md.					
	PART I. DEA	EATH (Enter only one country was CAUSED BY. IMMEDIATE CAUSE DUE	(o) Acute	myocardi al	infarction				ERVAL BETW ISET AND DEA				
	Canditians, if any rise to immedia stating the unde last	recause (a). prlying couse	TO (c)	ary thrombo									
ATION	PART 11. OTHER S	ignificant conditions o	ONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIV	'EN IN PART 1(o)		WAS AUTOP PERFORMED (ES X NO	0?			
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Pa	rt II af item 18.)						
MEDICAL	Haur o.	DRY Month, Day, Year m. 19	20d. INJUR While at wark	Not While	PLACE OF INJURY (Hame, factory, street, office bldg.,		(City or tawn)	(County)	(Str	iate)			
		eceosed olive an_			1 10/18 that death occurred				te stated				
	22c. PHYSICIAN'S	ICI	llian)	M.D. ATTENDING PHYS 22d, ADDRESS	MED. DIRECTOR	STAFF PHYS.	11/23/6					
	NAME (Туре	nes Ci		f.D.	7620 Y		, Towson						
230	BURIAL, CREMATI BREMOVAL (Specifical)	ON, 23b. DATE TH 23b. DATE TH	EREOF 2	alls Road	or crematory hapel	But But	ocation (City or To	wn) (Caunty	/) (Sta	te)			

RECT BY REGISTRAR OCT 25

REGISTRAR'S SIGNATURE liarles

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSPITAL OR ATTINDING FINYLICIAN: The law requires that the districtmits be executed within 24 history Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral love cathor papers. Pages 1 and yearly within 72 hours after deep TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and califector, page 3 should be detached for use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13458

CERTIFICATE OF DEATH

13463

	apprinted at betti												
1	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)							
	o COUNTY imo	re		MARYLAN	ND I	Maryland Baltimore							
	b. CITY OR TOWN (I	f outside corporate limit	S,	c LENGTH OF STAY IN 1	Ь	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cutonsvi	give nearest town)				Cutonsville							
		AL OR INSTITUTION (if no		ive street address)		d. STREET ADDRESS				e S RES ON A I			
,	308 Ing.	leside Ave.	1			308 Ingl	eside	Ave.		YES 🗍	NO 🔣		
	NAME OF DECEASED		irst (2.3	Middle		Last	4 DATE OF	Man		Day Yo	901		
	(Type or print)	Nellie Ag	7				DEATH		. 2	19			
2	SEX F	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	⊒ *	DATE OF BIRTH	9	AGE (In years last birthday)		EAR IF UNDE	R 24 HRS Min.		
10		Cauc.	WIDOWED	DIVORCED [11/11/70) 413		<u> </u>			
dur	OSUAL OCCUPATION ring most of working HOUSEW	(Give kind of wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County &		eigh country]	12 CITIZE	TRY?USA			
_	HOUSOW FATHER'S NAME	116				Wash.,				USA			
13.	. I MITTLE S TIAME	Harr	kshaw			14. MOTHER) MAIUEN N	IAME						
35	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17 18	REORMANT		ft eleke	955				
		(If yes give wor or dates a		OCIAL SECONITI NO	17 11	FORMANT Temple 4516 Old F	L. G.	admon	03000	,			
=	L 18 CALISE OF DE	ATH (Enter anly one cau	is a par line for	(a) (b) and (c))		4916 O10 F	reder	rck ud.	- 21229	NTERVAL BE	TIAZETAI		
	PART I DEAT	H WAS CAUSED BY.	/my	(6), (6), and (c) ;		. 1				ONSET AND			
	420	IMMEDIATE CAUSE		crape	0	Collisto	The same			1-10	THE		
	Canditions, if any, which gave) (6)												
	rise to immediat stating the under												
	last.)	(c)										
3	PART II. OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERMINAL D SEASE CON	DITION GIVE	N IN PART 1(a)		19 WAS AUT	TÓPSÝ MED?		
CERTIFICATION						-				YES 🗌	NO 🔽		
RTIFE	20a ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCU	RRED (Enter noture of injury in F	Part I or Part	Lafitem 18)					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INSE Hour oin		20d IN While	IBURY OCCURRED 20		E OF NJURY (Home, form, iry, street, office bldg , etc.)		(City or town)	(Count	y)	(State)		
×	p.n		at work	c ot work		1	420	- 1 1					
			pital) attend	led the deceased fro	m	5/22,1	9 64. 10	101	Z-, 196	/thot (I) (we) last		
	22a SIGNATURE	ceased alive on	10/2		inot	death occurred of	1-71 M	, iram causes	and on the		d obove.		
	(I)	Iln REP	do-	THE	M.D		MED DIRECTOR	STAFF PHYS	1/0/	7/6-	7		
	22c PHYSICIAN'S	00-101 00,	- 11-11	V	77	22d ADDRESS			10/	7 1	74		
	NAME (Type)	Robert	A. Reit	er, M. D.		606 Ed	monds	on Ave.	- 21228	}	32.		
230	BURIAL, CREMAT C	N, 236 DATE TH	EREOF	23c NAME OF CEMETER	Y OR (REMATORY	23d. LO	(ATION (City or To	wn) (Co	ounty) ('	Stote)		
	PEMOVAL (Specify)	10/5/	67	Loudon	Pa	rk Cem.		Baltimo	re. Md.	,			
24	FUNERAL DIRECTOR	F. D	101 Ed-	nondson Ave		25a RECD	BY REGISTR	AR 19676 RE	GISTRAR S SIGN	ATURE	444		
	11 02 N.C	4 6 20 6 - 24	TOL EUR	IOHUBUH AVE	,	DATE	UI 4	100		0	0		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 45 FOR STAFE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE Maryland Baltimore Baltimore MARYLAND stay is necessary, 13 to the funeral Page 5 may be Repartment fter death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Dundalk 21222 Dundalk vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 62 Willow Spring State Road NO PE 62 Willow Spring Road YES delay and 3 t and S NAME OF DATE Day Year Middle Last Month DECEASED October (Type or print) FRANK MUNROE GONGLOFF DEATH 9th 19 67 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. leath. If a Pages 1, 6. COLOR OR RACE DATE OF BIRTH 9, 7. MARRIED NEVER MARRIEO in 24 hours after death. If I in Item 18. Give Pages I 's Office along with form last birthday) | Months | Days Hours white WIDOWED [DIVORCED [LL6 and sevent 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Tavern USA -4 Bartender Pennsylvania pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Milton O. Gongloff Lilly F.Jenkins File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. I DEPUTY MEDICAL EXAMINER: Tils certificate should be executed within lease execute the certificate, writing the word "pending" in pencil insector. Page 4 should be forwarded to the Chief Medical Examiner's 176-16-0300 Helen R. Gongloff. no same as INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a burial-transit i Reage IMMEDIATE CAUSE (a) DUE TO Conditions, If env. which (b) gave rise to immediate DUE TO causa (a), stating the Ø used as a to burial, underlying cause last. WAS AUTOPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES -NO A INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) न ह 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING 3 should bagent, prk CAUSE OF DEATH. MEDICAL (State) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While please execute the certifical director. Page 4 should be for retained for your files. designated et work at work Inspection L 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion DIRECTOR: Undetermined manner Suicide Homicide Natural causes 1. Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DI 10/10/67 Dundalk Mary and Address (Street, city, town) or county **EXAMINER'S** Melvin B. Davis.M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) BURIAL, CREMATION. DATE THEREOF 0 5 REMOVAL (Specify) Buria] FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. VR A15ME Brooks Bradley. Inc. . Dundalk. Md. 3500 4-64



that the death certificate be executed within 24 hours ofter death. .⊆ filled corbon 3 campletely evenf ony andin removať, 5 cremotion, signed by the buriol-tronsit buriol, cremoti 0 etoched DIRECTO FUNERAL I director, should b 0 VR A15 (4) 25M 1/67

puo uneral

o. COUNTY

3. NAME OF

DECEASED

MALE

YES

las!

MEDICAL

BURIAL, CREMATION

NAME (Type)

BALTIMORE NATIONAL Central Baltimore, Maryland

23c NAME OF CEMETERY OR CREMATORY

AHMED C. K. KUFTY, M. D.

CEME TERY 2So REC D BY REGISTRAR DATE

VAH FORT HOWARD, MARYLAND

23d. ¿OCATION (City or Town)

BALTIMORE, MARYLAND 256 REGISTRAR S SIGNATUR

(County)

(Stote)



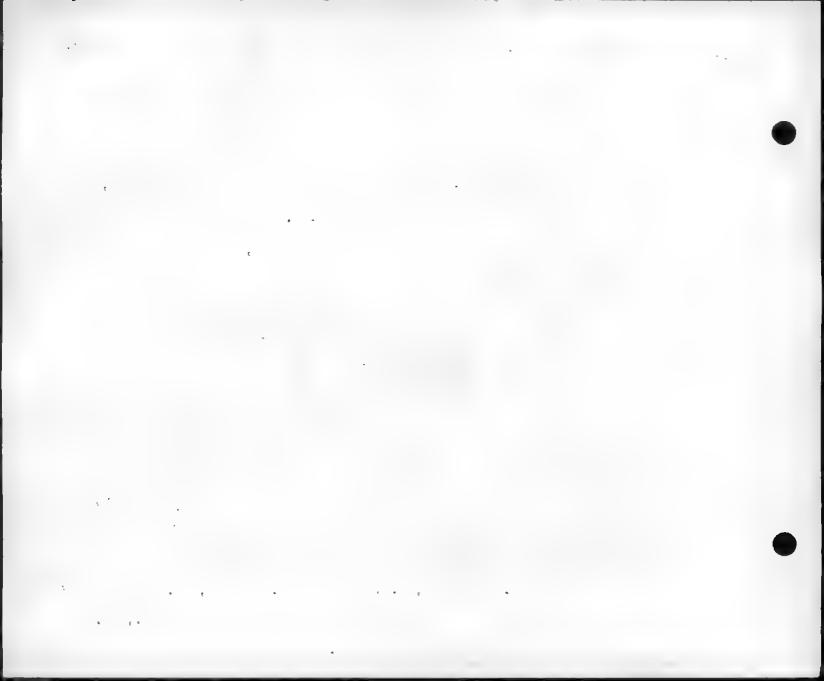
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13461		MEDICAL EXA	MINER'S	CERTIFICATE O	F DEATH	1	1340	86				
1 PLACE OF DEATH a COUNTY	Baltimore		MARYLAND	2 USUAL RESIDENCE (V		l lived, if institution b COUNT	in: Residence befor Baltimo:	e admissian) re				
b CITY OR TOWN write RURAL on	(If auts de carporate limits, de ve pearest (21)	c LENGTH OF	STAY IN 1b	c CTY OR TOWN (If outside carporate on its, write RURAL and give nearest town) Essex (21)								
	TAL OR INSTITLT ON (If not in 1877)		55)	d STREET ADDRESS 1437 Ga	lena Ro	ad		e IS RESIDENCE ON A FARM? YES NO 🙀				
3 NAME OF DECEASED	First LTLLIAN	V. GOUKE	_	Last	4 DATE OF	Manth Octobe:		Year 19 6'7				
(Type or pnnt) S SEX Female	6 COLOR OR RACE //	MARRIED REVER M	ARR ED 8	oct. 9. 190		AGE (In years Jast b.rthday)	IE UNDER 1 YEAR Manths Doys	IF UNDER 24 HRS Hours Min.				
10a USUAL OCCUPATIO during most of working Housew: 13 FATHER'S NAME	N (Give kind of work done life, even if retired)	10b k nd of Business Industry Home		Baltimore 14. MOTHER'S MAIDEN N	or fareign cour	ntry)	12 C TIZEN OI COUNTRY? USA	WHAT				
TO THEAD DECEMBED ON	ER IN L.S ARMED FORCES? (If yes give war or doles of serv	THE COCIAL COCHE TH		Mary NFORMANT Orge Gouker	San	Addres	s					
Conditions, if any rise to immedia stating the undulast.	te couse (a),	ACI	OT RELATED TO 1	HE JERMINA D SFASE CON	Leak DITION GIVEN	IN PART 1(d)	on 20N	ERVAL BETWEEN SET AND DEATH WAS AUTOPSY				
200 EXTERNAL C PRIMARY 🗆 or CC CAUSE OF DEATH. 20c T ME OF IN, Hour of	ALSE WAS			(Enter nature at injury in 1			Y	PERFORMED?				
Р	m. 19	20d INJURY OCCURRED While Nat While at work at wark	of facto	E OE N.URY (Hame form ary, street, affice bldg , etc.)		(Cly ar tawn)	(County)	(State)				
27 certi deoth resu ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ty that I took chorge of ted from: Noturol co	Acciden	t, Suici	CHIEE MEDICAL M D ASS STANT MED DEPUTY MED CA	EXAMINER [ICAL EXAMINER IL EXAMINER	determined mo	onner ()	in my opinion 22. Date SIGNED				
23a BURIAL CREMATI REMOVAL REPORT	ON, 23b DATE THEREOF	7 Garden	s of Fa:	CREMATORY ith	23d, 100/ Balti	MORE Co.	(County					
24 FUNDADORECT	ki Funeral 76	mp 1407 Eas	tern Ave		BY REGISTRAL	1967 256 REG	Larlas SIGNATU	udge				

VR A15ME 6M 1/67

Brazdzinski Funeral Home



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers — Regeshould be filed with the State Dept of Health prior to burial, crematan, or removal, and in any event, within 72 hours of Poge 4 may be retained by the hospital or attending physicion.

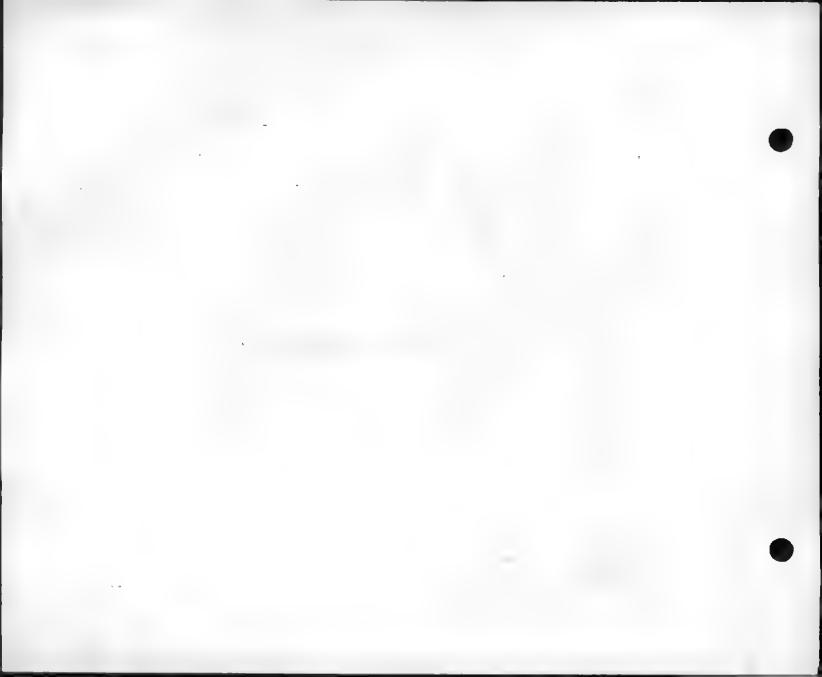
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 23c per CEPTER ATE OF NEATH tion with hospital

				CERTIF	ICAL	OF DEATH			LV	52	ĭ	
1	PLACE OF DEATH a. COUNTY Baltimore			MAR'	/LAND	2. USUAL RESIDENCE (* o STATE Maryland		b. COU	ion Resider	nce before	-	on)
	b CITY OR TOWN (If outside carporate limit	s,	c LENGTH OF STAY	N 16	c CITY OR TOWN (if or	utside corpo	rote I mits write RU	RAL and giv	e nearest	tawn)	
1	Towson	d give nearest town)				Baltimore	2121	3			* 1	40
		AL OR INSTITUTION (If n	ot in hospital, gr	ve street oddress)		d. STREET ADDRESS	Perals Perals			(IS RESI	DENCE
Ι.		h Hospital				3727 Elml	ey Av	re.		١	ON A F	NO
3	NAME OF	, ,	rst	Middle		Lost	4 DATE	Man	h	Doy	Ye	at.
	DECEASED (Type or print)	K	athryn			Graleski	OF DEATI	H Octo	ber	25	19	67
S	SEX	6. COLOR OR RACE	7 MARRIED [NEVER MARRIE	5	8 DATE OF BIRTH		9 AGE (In years	F UNDER		IF UNDE	
	Female	White	WIDOWED [DIVORCE		October 25,1	.967	last birthday) yrs	Manths	Doys	Hours 7	Min
100	USUAL OCCUPATION	(Give kind of work done	10b K!N	D OF BUSINESS OR		11 BIRTHPLACE (County	& Stote or f	foreign country)		TIZEN OF	WHAT	
	ing mast af working None	lite, even it retired)	IND	USTRY		Baltimore	. Mar	yland	"	OUNTRY?		
	FATHER'S NAME		 			14 MOTHER'S MAIDEN	NAME					
	Sonald Ad	am Gralesk				Joanne Al	ica B	Corresse				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 50	OCIAL SECURITY NO.	17	INFORMANT	TCO D	Addre	255			
(Y	es, no, or unknown)	(If yes give wor or dotes	of service)		"							
	Lan delice of Di	PATIL (F.)		1 11 1 1 1						1007	61441 651	PARTE
1		EATH (Enter only ane car TH WAS CAUSED BY,				·+ 1 0		0 .			RVAL BE	
]	1693	IMMEDIATE CAUSE	(0)	ulliplo	-Cn	rgenital a	non	naters				
	/ - / -	DUE	10			•						
ı	Conditions, if ony rise to immediat		(b)									
ı	stating the unde		10									
ı	last.)	(c)									
MEDICAL CERTIFICATION	PART IL OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT REL	OT GETA.	THE TERMINAL DISEASE CO	NDITION GIV	VEN IN PART 1(a)			WAS AUT PERFORM	OPSY NO
E	200 ACCIDENT WAS		20b DES	RIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Part I ar Po	art II of item 18)				
8		CAUSE OF DEATH MEDICAL EXAMINER										
ਤ		URY Manth, Day, Year	20d INJ	URY OCCURRED	2De Pl	ACE OF NJURY (Home, form	n, 20f	(City or town)	((c	ounty)		(Stote)
읥	Hour o.r	n.	While	Not While		ctory, street, office bldg , etc.						
	p.r	Ul-	of work	at work	£	70/25/	10 617	10/0r	10	/ FRAL	. 4 725 /	-11
	saw the d	fy that (X (this has eceased alive an 1 ()/25/	19 <u>67</u>	rram and the	at death accurred at	5:25P	ta <u>10/25/</u> M, fram causes	and an t	he date	ar pu (e stated	we) las labave
l	220 SIGNATURE	_				ATTEMPLIE	MED	CTAFF	22b. D	ATE SIGNE	D	
	20	J. O	vos o	L	M	.D PHYS	DIRECTOR	STAFF	3			
	22c. PHYSICIAN'S NAME (Type)		e M	SANIK A	1.D	7620 Yor	k Rd.	, Towson,	Md.	212	204	
230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY . 1/	23d. I	LOCATION (City or To	wn)	(County)	(5	itatei
	REMOVAL (Specify					tomy Board				,//	1-	
24	I. FUNERAL DIRECTO	IR .		ADDRESS			D BY REGIS	TRAR 25b RI	GISTRAR S	SIGNATUR	E	
						DATE	NEO -	n 1007	atles.	ula	Que	CAR.

VR A15 (4) 25M 1/67



BPOS. IVC. XXXX6010 REISTERSTOWY

DEPARTMENT OF HEALTH

. IS RESIDENCE

1967

IF UNDER 24 HRS

29

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO

(State)

22b. DATE

YES

(County)

Days

Months

ON A FARM? YES NO

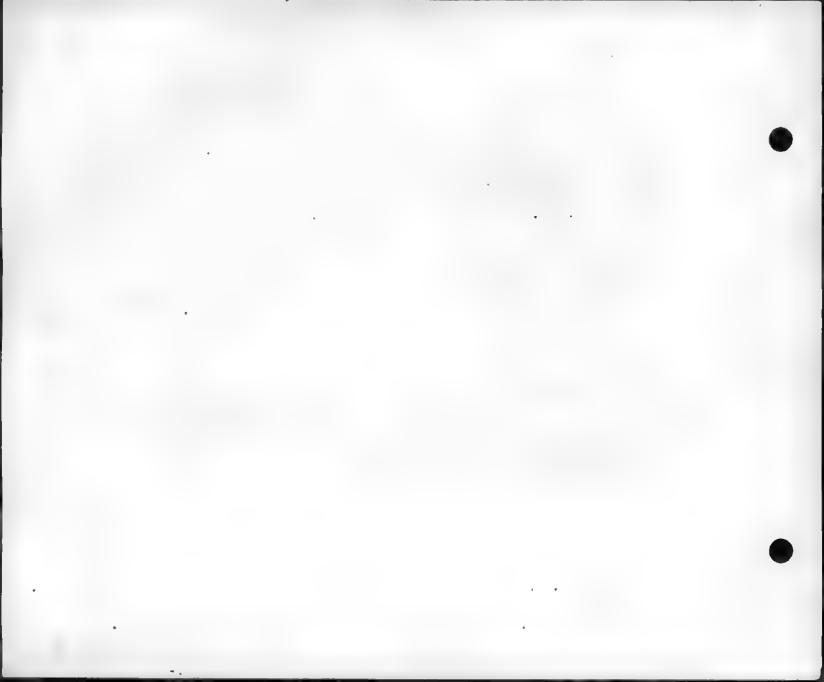
VR A15 (4) 20M 5-63 T



	13463			Item 2 F	IFICATE	OF DE	ATH 67	7 kk			113	346	3	
1.	PLACE OF DEATH o. COUNTYBaltin	nore		M	ARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a STATE Maryland b. COUNTY Baltinore								
	b (ITY OR TOWN (If or write RURAL-gard or	utside corporate limits	,	c LENGTH OF STA		c CITY OR TOWN (If autside carparate fimits, write RURAL and give nearest tawn) Baltimore 21229								
	d. NAME OF HOSPITAL (d street address d street address e is respendent on a fara Apt. E ves \(\) No								DENCE ARM? NO			
3	NAME OF DECEASED (Type or pant)	Margaret		Middle ffith		Last		4 DATE OF DEAT	Oat	Month ober	21,	Day	Yes	or 67
1 -	Female 6	COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARE	L	Aug. 1.		8	9 AGE (In ye lost birthd	iors loy) /	Months Months	YEAR Doys	Haurs	M+n
ди 10с	o. USUAL OCCUPATION (Giring meet of working life. HOUSEWIT	ve kind of work done even if retired)		ND OF BUSINESS OR Dustry			ACE (County E		foreign country			ZEN OF I	WHAT	
13	. FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME						
	Joseph	Squires				Ca	atheri	ne S	tumph					
IS (Y	WAS DECEASED EVER IN es, no, ar unknown) (If y	I U.S. ARMED FORCES? yes give war ar dates a		SOCIAL SECURITY NO		NFORMANT S Richs	ard Ca	rter	Sr. 1		edere W Bel			
	18. CAUSE OF DEATH A PART 1. DEATH A 1967 Canditions, if any, wh rise to immediate co stating the underlyin lost.	ng couse DUE	(a) 10 (b)	(a), (b), and (c))	ma	of s	ight	fer	w				ET AND C	
CATION	PART II OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT	RELATED TO 1	THE TERMINAL	D SEASE CON	DITION G	VEN IN PART I	(0)		19 V YES	WAS AUTO PERFORM	OPSY NO [
MEDICAL CERTIFICATION	20a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature c	of injury in F	Part I ar P	ort II af item	18.)				
MEDICA	Hour o.m. p.m.	Month, Day, Year 19	While at work] foct	CE OF IN.JRY (ary, street, affic	e bldg., etc)		(City or to		(Coun	fy)	((State)
	saw the dece	that (I) (this has ased alive an	pital) attend	dea the decease	ed fram , and that	death acc	vrred at,	966. 5 P.	ta OG M, from ca	Lses an		e date	stated	
	220 SIGNATURE	De hu	e Lai	ughdin	M.C	11113	14	MED DIRECTOR	STAFF PHYS		22b DAT	E SIGNE	D	
	22c. PHYSICIAN'S NAME (Type)	D. C. Mad	Laughi	lin		22d. AD 3 03		llin	g Rd C	atons	svill	e 28	3 Md	
23	BURIAL (REMATION, REMOVAL (Specify) Burial	Oct. 2		23c NAME OF C		CREMATORY		_	LOCATION (City ikesvi]		, ,	County)	(S	tate)
24	FUNERAL DIRECTOR			address dson Ave	•		250 REC D		1967 2	Sb REGI	STRAR S SIG	NATURE	y	

DATET 25

TO HOSPITAL OF EXTENDING PHYSICIAM. The law requires that the destricted be executed withm-24 hours after yeath. TO FUNERAL BILLETOR: After this certificate has been signed by the attending physicion and completely tilled in by the for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removol, and in any event, within 72 hours after Pagm 4 may be retained by the haspital or attending physician.



1. PLACE OF DEATH
O. COUNTY
Write RURAL of
What of HOSP

d. NAME OF HOSP

d. NAME OF HOSP

on pape

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit<u>hin</u> 24 ha**d**

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

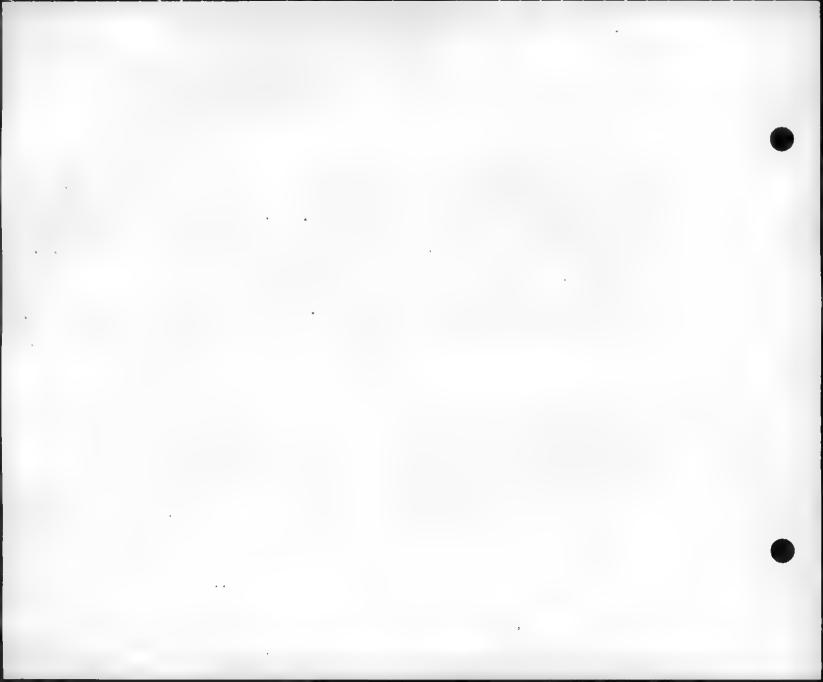
TO FUMBRAL DIFFCTER: After this certificate has been signed by the attending physician and cample editector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carreshauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, a

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13469

1. PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)						
a. COUNTY Palt	imore	MARYLAND	o. STATE Maryland b. county l timor e						
b. CITY OR TOW	N (If autside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 15	CITY OR TOWN (If o	iutside carparate limits, w	rife RURAL and give	nearest town)			
Reis	terstown	51 years	Reisterstown						
d. NAME OF HO	PITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS 8 IS R						
111	Hanover Road		lll Ha	mover Ros	d	ON A FARM? YES NO			
3 NAME OF DECEASED	First	Middle	Lost	4. DATE	Manth	Day Year			
(Type or print)	HARMON	OLIN	OR THES		tober	17, 19 67			
S SEX	6 COLOR OR RACE 7. MARRIED		B DATE OF BIRTH	9. AGE (In y	ears IF UNDER I	Days Hours Min.			
Male	White WIDOWED			T. V. M. T. 7	ĀLZ				
	ION (Give kind af work dane 10b. Ki	IND OF BUSINESS OR	11 BIRTHPLACE (County	y & State, ar f <mark>oreig</mark> n country	() 12 CIT	IZEN OF WHAT			
	Bel	TO. Tae & Fle	¢. Balti	more, Mar	yland	U.S.A.			
13 FATHER'S NAM			14. MOTHER S MAIDEN						
	s A. Grimes		Marian	Marsh					
15. WAS DECEASED (Yes, na_ot unknow	h live		NFORMANT	_ 11	I Address amov	er Rd.			
No	n) (If yes give war ar dates af service)	12-45-3312 M	rs.Lvdia	Crimes, De	isterst	own. Md.			
18. CAUSE OF	DEATH (Enter anly one cause per line for BEATH WAS CAUSED BY:					INTERVAL BETWEEN			
PARIL	IMMEDIATE CAUSE (a) Pulm	onary emphysem	a			ONSET AND DEATH			
	DUE TO								
Conditions, if o	inte cause (a), (b)								
stating the u	iderlying cause (Dut 10								
last.) (c)								
B PART IL OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(a)	19 WAS AUTOPSY PERFORMED?			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						YES NO X			
OR CONTRIBUT	NAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NONE 20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature at injury in	Past or Part II at item	18)				
20c. TIME OF Hour		NJURY OCCURRED 20e PLA	CE OF IN. URY (Hame, for	m, 20f (City or to	iwn) (Cau	inty) (State)			
	pm none 19 atwar	k 🗀 at wark 🗀 📗	ary, street, affice bldg., etc						
21 I ce	rtify that (1) (this ನಾತ್ರಾಗವ) atten- deceased alive an_ Oct - 1	ded the deceased fram	6-1-41	19 to 10-	· 17-67, 19_	_, that (I) (%) last			
		19_ <mark>57</mark> , and that	death occurred o	t 10:30M, from co					
220. SIGNATURE 2.2. Earlea MD ATTENDING MED STAFF 10-19-67									
22c. PHYSICIA NAME (T	n's D. D. C	Caples, M. D.	6 Hanover	Rd., Reist	erstown,	Md. 21136			
230 BURIAL, CREM.		23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C t	y ar Tawn)	(County) (State)			
REMOVAL (Spe	T' Oct.20,196	7 Pleasant G	rove Ceme	tery Per	ing, Ma	ryland .			
24 FUNERAL DIRE		ADDRESS	2So REC	D BY REGISTRAR	Sb REGISTRAR S SE	GNATURE			
J. J. 2	2chhardt	Owings Mill	S, Mid. DATOC	T 2 3 1967	Ichard	es Judge .			



ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to director, page 3 shauld should be filed with the Page 4 may VR A15 (4) 20 M 1/68

REMOVAL (Specify) 24. FUNERAL DIRECTOR

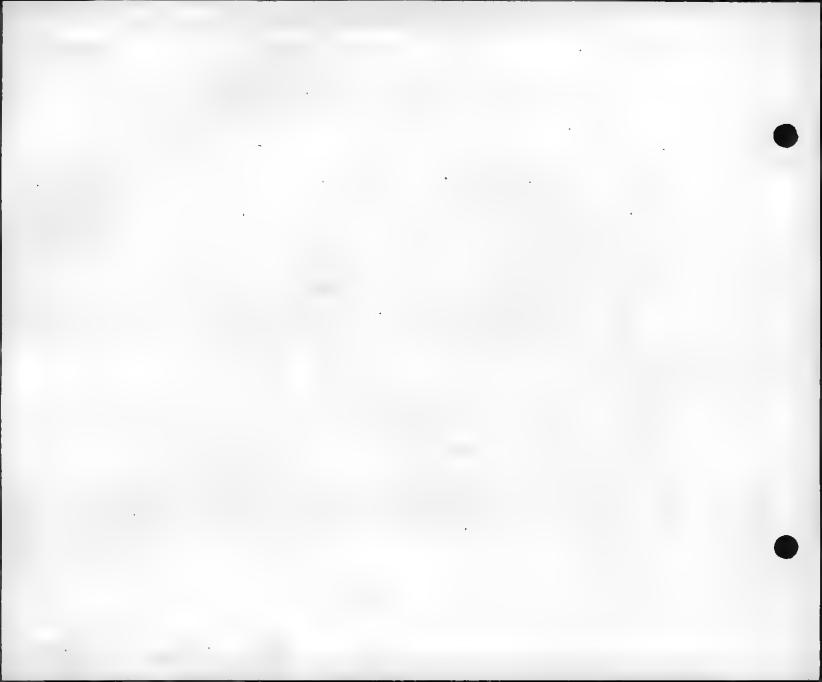
2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) autside corporate timits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM2 NO X Day Year 19 6 1F UNDER 1 YEAR IF LINDER 24 HRS Months Days Hours CITIZEN OF WHAT COUNTRY Address INTERVAL BETWEEN ONSET AND DEATH WAS ALTOPSY PERFORMED? NO (County) (State) and that death occurred ot/1/31/M, from couses and an the date stated above 22b. DATE SIGNED

25g, REC'D BY REGISTRAR

(State)

(County)

25b. REGISTRAR'S SIGNATURE



USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eminel d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No X YES DATE Month OF DEATH AGE (in years | IF UNDER 1 YEAR last birthday) | Months | Days Days & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) and that death occurred at 7.55.M, from the causes and on the date stated above. DATE SIGNED 22b. Ö DIRECTOR 22d. ADDRESS 23d. LOCATION (City, town or county) (State) ALTIMOORE 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 20M

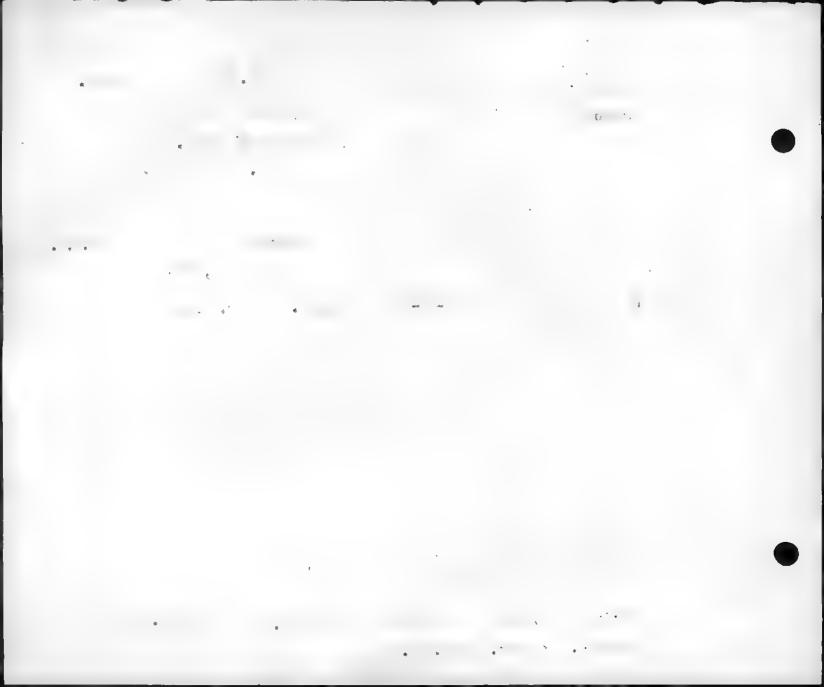


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13472

1. PLACE OF DEATH a. COUNTY RALTEMPERS	2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE 6. COUNTY	sidence before admission)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	1	and Rive degrees round
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET AOORESS	e. IS RESIDENCE
0	3001 Pulaski Hgway.	ON A FARM?
3. NAME OF FIRST Middle	71	YES NO NO
3. NAME OF DECEASED (Type or print) HARRY ALLERT	Last Sr 4. DATE Month OF DEATH COST.	0ay Year 1967
	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCEO	10 - 14 - 10 S Cz yrs: Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
a Dapatap	Advanced to 3	U-S-A-
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	V all are
JAMES HALE	JACKSON, Edna	_
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NQ. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	arry A. Hale Jr. same	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carelio Vas Cula	a Sailure	ONSET AND DEATH
dimensional and an analysis of the second se	1 January	
conditions, If any, which \ DUE TO CA of earth 03	Le Con	
gave rise to immediate	**	
	phie	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TES .		PERFORMEO?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI	URRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DESCRIBE HOW INJURY OCCU		
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	9. 15 1967, to 10-7, 196	Z, that (I) (we) last
	t death occurred at LL A.M, from the causes and on th	
22a. SIGNATURE		TE SIGNEO
Maper Dassire M.	D. PHYS. MEO. STAFF DIRECTOR PHYS.	
22C. PHYSICIAN'S NAME (Type) DR. RAHIM BESSIE!	22d. AOORESS	
23a, BURIAL, CREMATION, 23b, OATE THEREOF 23c, NAME OF CEMETER	Y OR CREMATORY. 23d. LOCATION (City, town or cou	nty) (State)
REMOVAL (Specify)		
Burial 10/11/67 Gardens of F	Balto Md	
Leonard J. Ruck The Balte Md		as freeze

VR A15 (4)



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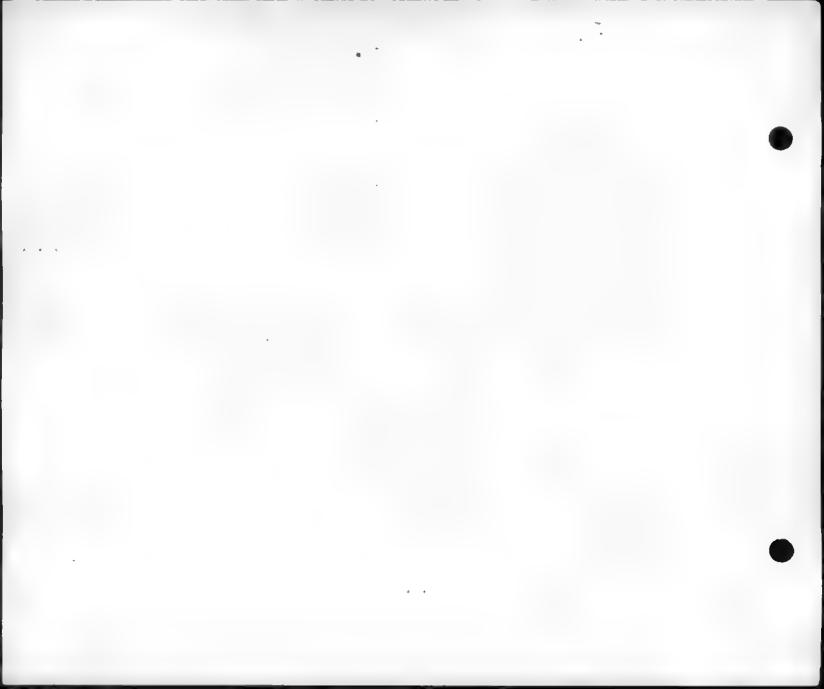
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AL RECORDS, SUI W. PRESION STREET, DALIMORE, NO

		•		CERTIFI	CĂTE	OF DEATH			1347	2	
	PLACE OF DEATH					2. USUAL RESIDENCE	Where deceased		Residence before a	idmission)	
	a. COUNTY Bal	timore		MARYL	AND	a STATE Mary	land	b. COUNTY	Harford	1	
	b CITY OR TOWN (I	f autside carparate fimit	\$,	CLENGTH OF STAY IN	lb .	c CITY OR TOWN (If a	utside carparate l	ımits, write RURAL	and give nearest to	own)	
		ngs Mills		2 mos.	!		deen		17-7		
		AL OR INSTITUTION (If no	, ,	,		d. STREET ADDRESS				IS RESIDENCE ON A FARM?	
		ewood State	Hospi			39 H	anover	Street	YES	NO X	
3.	NAME OF DECEASED		rsł	Middle		Last	4 DATE OF	Month	Doy	Year	
	(Type or print) SEX	W1]]		Lionel		HAMPTON	DEATH	10	13 FUNDER I YEAR TIE	19 67 JNDER 24 HRS	
2		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1 19	st birthdoy) M		Hours Min.	
100	Male	Negro (Give kind of work done	WIDOWED	DIVORCED DIVORCED OF BUSINESS OR		3-2-57		LO yrs.	12 CITIZEN OF W	CHAT	
	ing most of working l	ite, even if retired)		USTRY		11. BIRTHPLACE (County	& Store, of foreign	2. 1	COUNTRY?		
13	Dependent	<u> </u>		none		14. MOTHER'S MAIDEN	NAME	eo, Mus		J.S.A.	
7 60		THE									
TS.	Tilghman WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO	17 1	Eleanor NFORMANI	bond	Address			
(Ye		(If yes give wor or dates		none		sewood Reco	ande Our		le Manuel	land	
_		ATH (Enter only one cou	use per line far.		·	Sewood Reco	I us 1 Ow.	TIRO LTT.		/AL/GETWEEN	
		IN TAKES CALLERY BY	- 41	ostatie	hira	110 hear (+)	Veuman	ea)	SURE!	DEATH	
		DUE		1		1 1			/7 44	T,Y	
	Canditions, if any, rise to immediate		(b) AS+	rocyto	ma	Grade l	-16		'7 me	ONHS	
	stating the under		TO	/							
	last	J	(c)								
NOI	PART II OTHER SIG	SNIFICANT CONDITIONS O	ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	INDITION GIVEN II	V PART I(a)	PE	AS AUTOPSY REORMED?	
FIGT	20o ACCIDENT WAS	INDEDLAINC 🗆	20L DEC	CDIDE HOW INTERV OC	TIDDED /	Enter noture of injury in	Dest Les Dest L	-1.4	YES	DA NO	
MEDICAL CERTIFICATION	OR CONTRIBUTING (CAUSE OF DEATH	200 003	CRIDE HOW MADES OF	UKKED (Ender berüte of Infory III	Part I at Patt I	or nem is j			
2	20c. TIME OF INJU	RY Month, Day, Year				E OF INJURY (Hame, fari		ty or town)	(Caunty)	(State)	
×	P 11	19	While of work	Nat While at wark	IOCI						
		y that #1) (this has					19 <u>67</u> , ta_		, 19 67 , that		
		leased alive an	10/17	19_ 67 _, a	nd that	death accurred at	3:05aM, 1	ram causes and		stated above	
- (220 SIGNATURE	[[] []	Jan	ds	M.D	ATTENDING	MED DIPECTOR	STAFF PHYS.	22b DATE SIGNED 10-13-6	57	
1	PHYSICIAN'S	(UB)		of Oderon	71.0	PHYS L	DIRECTOR L	PHVS. LX	10-1)-0	"	
	NAME (Type)	Richard A	Jones	M.D.		Rosewoo	d State	Hosp.,	Owings Mi	lls, Md	
230	BURIAL, CREMATIO REMOVAL (Specify)		EREOF/	23c. NAME OF CEMET		.m. E. Cenite	//	10N (City or Town)	(County)	(Store)	
24	FUNERAL DIRECTOR	Bullete	1. West	LicosANORESS			D BY REGISTRAR		TRAR'S SIGNAPURE	A of heal	
2	Elesari	E/Dill	rik	Harred	Res	Special O	CT 16	1967 80	harles &	udge.	

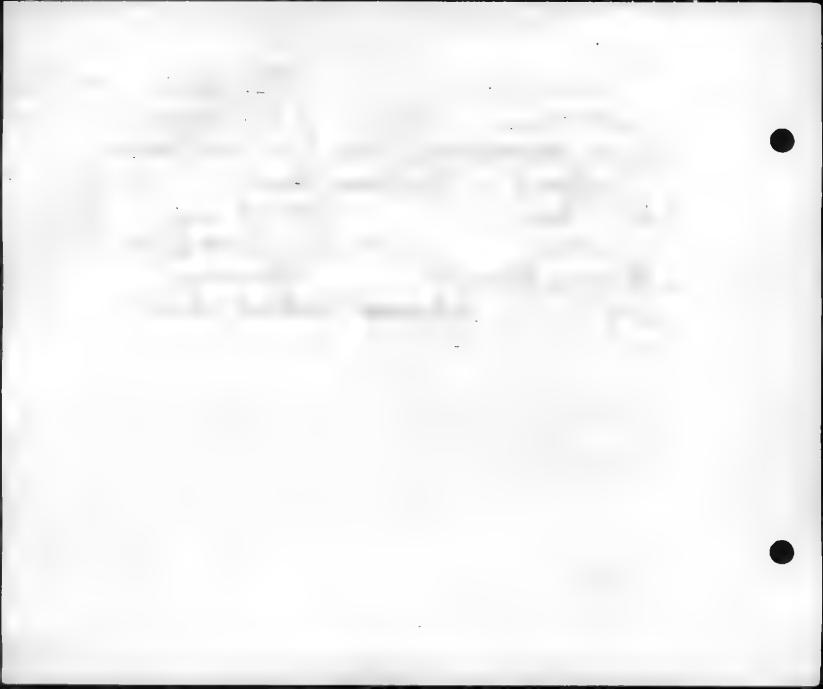
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Lage 4 may be retained by the hospital or ottending physicion.

10 HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the deoth certificate be executed-<u>yearlin</u> 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 46 CERTIFICATE OF DEATH Geoth. within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before odm. ssign) PLACE OF DEATH funeral a. COUNTY MARYLAND by The Pages give negrest if LENGTH OF STAY IN 6 CITY OR TOWN papers. Pag hin 72 haurs Ē d STREET ADDRESS nat in haspital, give street address) NAME OF Certion OF DEATH DECEASED completely (Type or print) executed IF UNDER 1 YEAR AGE (n years DATE 7. MARRIED Φ buthday) Months Days AUD WIDOWED and 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR requires that the death certificate be physician c ien please during mast at warking life oven it retired) burial, crematian, or remayal, and 13. FATHER'S NAME TS. WAS DECEASED EVER DYUS ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service) INFORMAN INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY signed by the burial-transit ONSET AND DEATH a alian an IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse **DIRECTOR:** After this certificate has been ge 3 should be detached far use as the Iell with the State Dipt. of Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) NO ATTENDING MHYSICIAN: 20h DESCRIBE HOW INSURY OCCURRED (Enter nature of injury in Part I at Part II af item 18) 20g ACCIDENT WAS UNDERLYING Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF IN. JRY (Home, form, (City or fown) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year WED factory, street, office bldg, etc.) Hour a.m. Nat White at wark 21. I certify that 44 (this haspital) attended the deceased from director, page 3 shauld should be file with the 67, and that death accurred at 2:04-M, fram causes and an the date stated above. saw the deceased alive an DATESIGNED 22a SIGNATURE STAFF **ATTENDING** HESTITAL OF M.D DIRECTOR ADDRESS 22c PHYSICIAN'S TO FUNERAL BALTIMORA MOd. CENTER NAME (Type) 29aTER NAME OF CEMETERY OR CREMATORY 23¢ LOCATION (Crty or Tawn) (Caunty) 23b. DATE THEREO! 23a BURIAL, CREMATION REMOVAL (Specify)

24. FUNERAL DIRECTOR 2Sb ADDRESS 25g REC'D'BY REG STRAR worker VR A15 (4 DATO CT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13475 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH MARYLAND b CITYOR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 IIf outside corporate limits, write RURA, and give nearest town) CITY OR TOWN WSON d. MAME OF HOSPITAL OR INSTRUCTION (If not in bospital, e IS RES DENCE ON A FARM? NO & 4. DATE Middle Year (Type or print) DEATH 196 9 AGE (In years COLOR"OR RACE 7 MARRIED **NEVER MARRIED** Jast birthday) DIVORCED WIDOWED 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIREPPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during mget of working life, even if retired) Hime marce 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, or unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditrons, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS ALTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH

20e. PLACE OF INJURY (Hame, form,

(City or fawn)

23d EOCATION (City or Town)

, and that death accurred at Late PM, from causes and an the date stated above.

19 6 7 that (1) (we) last

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year

20d INFURY OCCURRED

(Caunty)

(State)

21. I certify that (I) (this haspital) attended the deceased fram.

22c. PHYSICIAN'S

23a BUR.AL, CREMATION,

NAME (Type)

at work

factory, street, affice bldg., etc.)

saw the deceased alive an 220 SIGNATURE

o. COUNTY

NAME OF

M.D.

23c NAME OF CEMETERY OR CREMATORY

PHYS 22d. ADDRESS

ATTENDING

DIRECTOR I

Greater Balto Medical Center

22b DATE SIGNED

director, page .-REMOVAL (Specify) Burial

23b DATE THEREOF

Greenmount

Bal timore

(County)

TO FUNERAL DIRECTOR:

O HOSPITAL OR ATTENDING PHYSICIAN:

The law requires that the death certificate be executed within 24 hours after death

funerol

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filled within

complet

in on

transit permit. Then please cremation, or removal, and

attending p

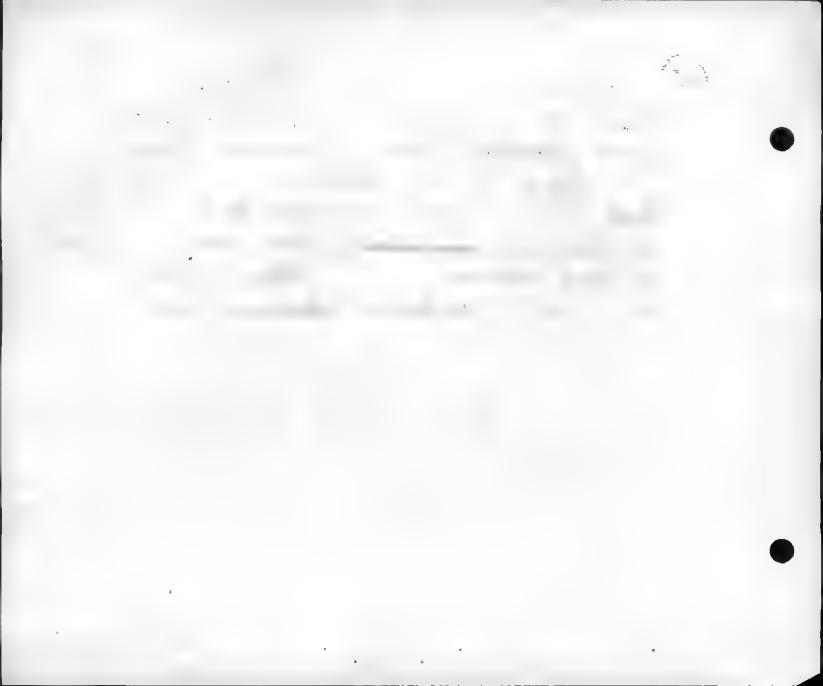
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detoched for use as the te Dept. of Health prior to

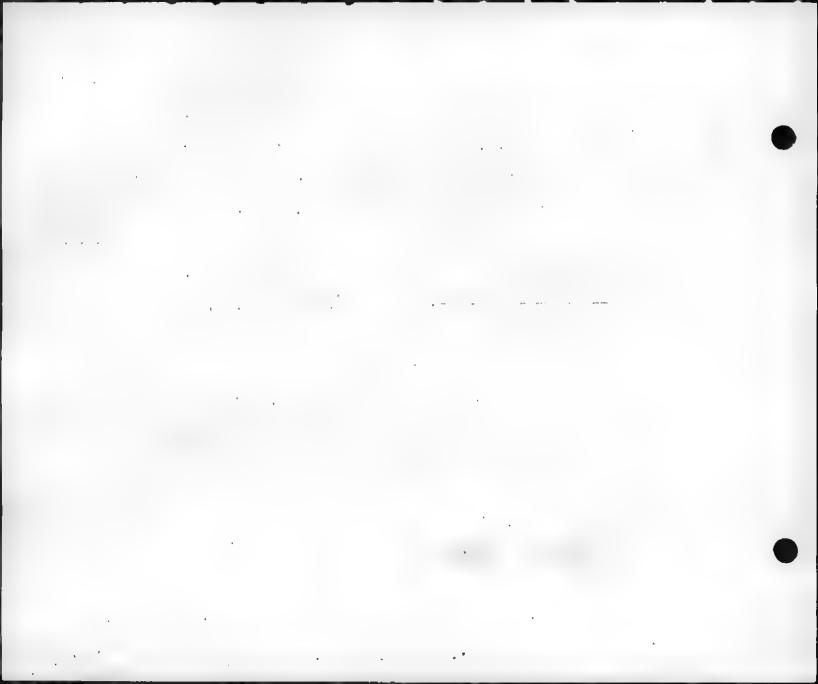
After this certificate

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Sons Co.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13477

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sath.

D PC

filled in by

CERTIFICATE OF DEATH

PLACE OF DEAT O. COUNTY	BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Where o STATE MARYLA		on Residence before odmission) ITY ANNE ARUNDEL			
	N (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside o	orporate limits, write RUF	AL and give nearest town)			
FORT H	ond give nearest town) OWARD	12 DAYS	ANNAPOLIS		to a di			
	SPITAL OR INSTITUTION (If not in hospita	l, give street address)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?			
VETERA	NS ADMINISTRATION	HOSPITAL	311 WEST STE	(SEEL)	AEZ NO X			
3 NAME OF DECEASED (Type or pnnt)	First GEORGE	Mxddle		EATH OCTO	BER 18 19 67			
S SEX	6 COLOR OR RACE 7. MARRIE	D 🖹 NEVER MARRIED 🗌	8 DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min			
MALE	WIDOWE	D DIVORCED	1/8/17	tost birthdoy) Yrs.	Monnis Dois Hours Hair			
		KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
during most of work	ung life, even if retired)	AVAL ACADEMY	ANNAPOLIS, MA	RYLAND	U.S.A.			
13. FATHER S NAM			14 MOTHER'S MAIDEN NAME					
GEORGE	HASTE		ANNIE CREEK					
IS WAS DECEASED	EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	INFORMANT	Addre	SS			
(Yes, no, or unknow	vn) (If yes give wor or dates of service)	214 05 17 11 C	LIN.RECORDS, VA	HOSPITAL,	FT HOWARD, MD.			
18. CAUSE O	F DEATH (Enter only one couse per line	far (o), (b) ond (c))			NTERVAL BETWEEN			
	DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	TESTINAL OBSTRU	CTION		RECENT			
1500	DUE TO							
	Conditions, if ony, which gove) (b) CARCINOMA OF LARGE BOWEL WITH METASTASIS TO LIVER							
rise to imme	diote couse (a), DUE TO							
last	(c)							
PART IL OTHE	R SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART I(o)	19 WAS AUTOPSY			
2				. ,	PERFORMED?			
NO ACCIDENT	WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I	or Port II of item 18.)	110			
- TOO MCT-DEU	TING CAUSE OF DEATH	DESCRIBE HOW INJUNT OCCURRED	(Ettier Hotore or milary in Loss I	01 1 OH H 01 HOM 10.)				
= (II EIMEK, NO	TIFY MEDICAL EXAMINER)	I DUDING OCCUPATED ON DE	ACT OF BUILDING /U I I	20f (City or town)	(County) (Stote)			
	'o.m. Wi		ACE OF INJURY (Home, form, ctory, street, office bldg , etc.)	ZOT (CITY OF IOWIT)	(comink) (sinte)			
	p.m. 19 at v	work of work						
21 1 co	ertify that (1) (this hospital) attended alive an 10/18	ended the deceased fram_ 67 19, and the	10/6/67 , 19 at death accurred at 4:	to 10/1 15PM fram causes	8/679, that (\$ (we) la and an the date stated abov			
22o SIGNAT	JRE,		ATTENDING MED	STAFF	22b. DATE SIGNED			
	Hone C. Pr. Eller	line 12 1	D PHYS. L. DIREC		10/19/67			
22c PHYSICE NAME ((NS YPE) GEORGE C. ME E	IFATRICK, M. D.	22d. ADDRESS VAH FOI	RT HOWARD,	MARYLAND			
230 BURIAL, CREA								
REMOVAL (Sn	MATION, 236 DATE THEREOF	23c NAME OF CEMETERY OF		3d JOCATION (City of To				
REMOVAL (Sp BURIA)	MATION, 23b DATE THEREOF Beify) 10.734	23c NAME OF CEMETERY OF		MINOS	Moles ((County)) (State)			
REMOVAL (SP BURTA) 24 FUNERAL DIR	MATION, 23b DATE THEREOF EGIFY) 10.7367			MINOS				

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any everth, with VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY Page Baltimore maruland Depteriment of MARY, AND c CTY OR TOWN (If Sutside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN 16 del pub M3 write RURAL and give nearest town) Baltimore lowson e IS RESIDENCE ON A FARM? forms d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress) d STREET ADDRESS inwood Hvenueyes - NOX permit. File pages land2 with the Stor the certificate, writing the word "pending" in penal in Item 18. Give Pog. 4 should be forworded to the Chief Medical Examiner's Office along with 4 DATE 3 NAME OF DECEASED marcaret (Type or print) DEATH 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years S SEX 7 MARRIED NEVER MARR ED 6'95 birthdoy) Hours yan. 7, any event with a 72-hours ofter death WIDOWED 12 CT ZEN OF WHAT 100 LSJAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 . B RTHPLACE (State or foreign country) during most at working the reven fret red) runa 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Address imonium, 16 SOCIAL SECURITY NO. 17 INFORMANT IS WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) P. Heill Jr. 31 IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c))
PART 1. DEATH WAS CAUSED BY **burial-transit** IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove (b) rise to immediate couse (a), ond in **DUE TO** stoting the underlying couse 0 05 19 WAS AUTOPSY PERFORMED? 3 should be used bur al, cremotion, or removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) please execute the certificate. NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem IB) PRIMARY Or CONTRIBUTING EDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c T ME OF INJURY Month, Doy Year 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to bur al, cremati foctory, street, office bidg , etc.) Hour om. Not While the funeral director. Page of work of work 21 | certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my ap n on death resulted from. Notural couses Homicide [Suicide Undetermined manner HEF MEDICAL EXAM NER ASSISTANT MED CAL EXAMINER DEPLTY MEDICAL EXAM NER Address (Street, city, town, or county) Charles F. O'Donnell. M.D. NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town 230 BURIAL CREMATION, Burtal (Specify) Park Land Mem. 250 RELD BY REGISTRAR 25b REGISTRAR S S GMATURE 24 FUNERAL DIRECTOR VR A15ME (5) Ocharles 6M 1767



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13480 executed within 24 haurs after death. funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Baltimore o. COUNTY MaryLand Baltimore MARYLAND by the t b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Woodlawn Woodlawn d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2422 Rolling Road 2422 Rolling Road YES X NO ba 3 NAME OF 4 DATE First Middle Year completely lake carban DECEASED \mathbf{E}_{\bullet} OF DEATH October 13 67 Rowena Hemmings (Type or pant) 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White Haurs in any WIDOWED DIVORCED and 1Da. USUAL OCCUPATION (Give kind of work done during 1905) of working life even if retired) IDb KIND OF BUSINESS OR 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? S INDUSTRYTHE physician (nen please 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME removal, attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes/no, or unknown) (If yes give war ar dates of service crematian, or 18. CAUSE OF DEATH (Enter only one couse per ling for INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY: ONSET AND DEATH signed by the burial-trans IMMEDIATE CAUSE (a) DUE TO I stomach with mides our Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as been as the priar to b last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO ATTENDING PHYSICIAN: 2Da. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 2Dr. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While at work at wark 21 | certify that (I) (this hospital) attended the deceased fram , to allow 13, 1967, that (1) (we) last be retained 67 saw the deceased alive an , and that death accurred at 2225 C.M. from causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 226 DATE SIGNED directar, page 3 shauld be filed v M D DIRECTOR 22d ADDRESS 22r. PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) LOCATION (City or Town) 230 BUR AL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) Hankins Cemetery Richlands Tazewell VR A15 (4) 25M 1/67



the funera

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban players. Pshauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 12 hough

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1347	5		CERTIFIC	CATE	OF DEATH	1				134	81
1	PLACE OF DEATH o. COUNTY Baltim	ore		MARYLA	IND	2. USUAL RESIDEN o STATE Mary			hved, if institut b. COU	on Resider	nce before o	dmissian) 🦿
	b. CTY OR TOWN (If autside carparate limit	5,	c LENGTH OF STAY IN	1b	c CITY OR TOWN (limits, write RU	RAL and giv	e nearest to	awn)
	Towson	d give nearest town)			l	Bal	tim	ore -	- 21218	3		304
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g	give street address)		d STREET ADDRESS					9 (S RÉSIDENCE ON <u>A</u> FARM?
		seph Hospit		<u></u>			1 0	Chilton			YES	№ 🔼
3.	NAME OF DECEASED		rst	Middle		lost		4. DATE OF	Mon		Doy	Year
	(Type or print)		nklin	W		enderson		DEATH	Octob		20,	1967
1	sex nale	6 COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	ይያፍ		AGE (In years last birthday)	Months		UNDER 24 HRS Hours Min.
_		I (Give kind of work done		ND OF BUSINESS OR	<u> </u>	11 BIRTHPLACE (Co			OT Are	12 (TIZEN OF W	HAT
	ring most of working	life, even if retired)	IN	DUSTRY	44.00	i i					UNTRY ?	
13	FATHER'S NAME	red Owner	ITTU	mbing & Hea	PALIE	Baltimo	ore	AME	rland		U.S.	A
		W. Hender	son			Mary V			ur			
IS	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17. 11	FORMANT			Addre	3\$5		
(Y	es, na, ar unknawn) No	(If yes give wor ar dates o	at service) 21	5-03-6184	Mr	s. Eva	I.	Hend	erson	I	Above	>
		EATH (Enter only one cou IH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o) Rens	(o), (b), ond (c)) 11 Failure 8	and	Acute Myo	cai	rdial	Infarct	lon		AL BETWEEN AND DEATH
	Canditions, if any, rise to immediat stating the under lost.	e cause (a), Duc		emia eri d ar Nephi	cosc	lerosis,	Ваз	silar	Artery 1	Phromi	posis	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	1 /	O DEATH BUT NOT RELAT								AS AUTOPSY REORMED?
L CERTIFICATION	THE FITHER NOTIEY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injur	y in P	ort I or Port	II of item 18.)			
MEDICAL	p.r	n. 19	While at work	Not While at work	focto	E OF INJURY (Home, ry, street, office bldg.,	, etc.)		(City or town)	,	unty)	(State)
	21. I certi	fy that (I) (this has eceased alive an	pital) attend	ded the deceased fr O 19 67, an	am Od	dogth prouvroid	_, T9	967_, ta	Oct. 20	2, 19_	67 that	(I) (we) las
	220. SIGNATURE	eating		angon	- M.D	ATTENDING		MED DIRECTOR	STAFF D	22b. D	ATE SIGNED	
	22c PHYSICIAN'S NAME (Type	Beatriz		on		22d ADDRESS			Towson-		Md.	
23	G. BURIAL, CREMATIC		EREOF	23c NAME OF CEMETE	RY OR C	REMATORY		23d LOCA	ATION (City or To	wn)	(County)	(Stote)
	REMOVAL (Specify Burial	10-24-	-67	Woodlawn					dlawn		alto	. Md.
2	4. FUNERAL DIRECTO	R		ADDRESS		250.	REC'D	BY REGISTRA	R 2Sb. RE	GISTRAR'S	IGNATURE	

guares Juage

H.W. Jenkins & Sons Co. 4905 York Rd., BaltaQCT 23



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13482 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth, funeral i ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ltimore Maruland MARYLAND c CITY OR TOWN (If Suts de carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn event, within 78-bour Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? filled pod Nursing Home YES NO T corban NAME OF Middle 4. DATE Last Month Day Year completely DECEASED **OF** Herbert (Type or print) tober DEATH SEX F UNDER I YEAR remove 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH 9. AGE (in years IF UNDER 24 HRS last birthday) Months Days Hours in any 179 WIDOWED DIVORCED and SUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHA? 1) BIRTHPLACE (County & State or fareign country) please during most of working life, even if retired) INDUSTRY physician COUNTRY? Housewig Maru. Lan a 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME or removol, signed by the attending phy buriol-transit permit. Then dward Brooks atherine Urmond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, at unknown) (If yes give war or dates of service buriol, cremotian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ar attending physicion DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause etached for use os the Dept. of Health prior to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? TO FUNERAL DIRECTOR: After this certificate NO by the hospitol 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. While Nat While foctory, street, office bldg., etc.) OR ATTENDING 19 at wark at wark pe . to OCT 27 , 1967, that (1) (we) last 21. 1 certify that (I) (this insultal) attended the deceased from 19 Page 4 may be retained should saw the deceased alive an Oca 196Z. and that death accurred at // M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN(S NAME (Type) 230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) timore. ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE OC



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. andz in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove cardon pagers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR AI5 (4) 2DM 1/65

1.	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Resident	ence before admission)
	13 - 1 T 1 1 5 10 0	a. STATE b. COUNTY	11000
	MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) wite RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearest town)
	180AYS	CARNEY	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1			DN A FARM?
	REATER BAITIMORE MEdical CENTER	2607 HARWOOD ROAD	YES NO
3.	DECEASED 1	Last 4. DATE Month D	Day Year
	(Type or print) DORIS ElizaBeth		8, 1967
5.		R. DATE OF BIRTH 19 ACE (ID years LIEUNDER 1 YE	
F	emale cau WIDOWED DIVORCED 1	40/15,1924 last birthday) Months Day	s Hours Min.
10	a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT
	ring most of working life, even if retired) INDUSTRY Home	Baltimase mackland COUNT	TRY?
13		134 MOTHER'S MAIDEN NAME	D M.
	HARRY STETTES	Mois7 4/1/-	
1		INFORMANT Address	
	es, no, or unkown) (If yes give war or dates of service)		
-		UTTENTS CHART	
	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) diffuse and	Wide Sported metastan	> Years
	171X DUE TO ((() 0) 0)	Pres a in Area A	
	Conditions, if any, which)	Carcingmia	U
	gave rise to immediate		
	Control (a) Stating the		
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/a)	9. WAS AUTOPSY
PA.	THE THE PARTY OF T	TED TO THE TERMINAL DISPASE CONDITION DIVERS IN FART 1(8)	PERFORMEO?
EI C			YES NO
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
볽	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)	(0.22-7
ĮΞ	p.m. 19 at work at work		
	and a series to terms undertain accounted the gone hook at the		that (I) (we) last
		death occurred at 935 M, from the causes and on the d	late stated above.
	22a. SICNATURE		SIGNED
ı	Shadwel M.D.	. ATTENDING / MED. STAFF DV OCK	dy 67
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1/2/
_	HAME (13pe)	Treater Baltimore Medica	f Centra
23.	BURIAL, CREMATION, 23b. DATE THEREOF 23c/ NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	DURIAL 11-2-61 TARKW	rood BALIO	M
24		258. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
10	Chas F. EVAHINON 8802 HARTORD	RC DATE OCT 3 1 1967 Actionle	A Jungan
1		DATE COLO	• 7

MARYLAND STATE DEPARTMENT OF HEALTH
L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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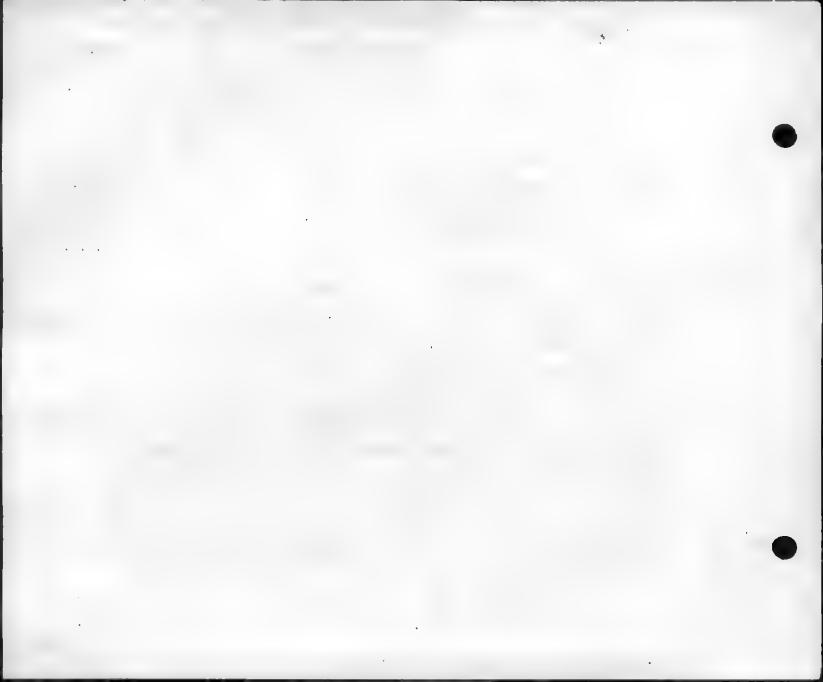
			4211111111111			40.	1 7'3
1 PLACE OF DEATH					Where deceased lived, if ins		before admission)
o. COUNTY Balt	imore		MARYLAND	o. STATE Mary	land b.	COUNTY Balt:	imore
b CITY OR TOWN	(foutside corparate limit	ts,	c LENGTH OF STAY IN 15		utside carparate limits, write		
Timor	id give neoreșt fown) 1 î 11m		Years	Timonium			1 1
	TAL OR INSTITUTION (IF n	ot in hospitol, g	ive street address)	d STREET ADDRESS	-		e IS RESIDENCE ON A FARM?
400 Ct	napel Wood	Lane		400 Chapel	Wood Lane	-	YES NO X
3 NAME OF DECEASED	F	irst	Middle	Lost	OS.	Marth	Day Year
(Type or print)	Floren	ce	Darcy	Higgins	DEATH	October	8, 1967
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In year	rs IF UNDER 1 Y Y) Months D	EAR IF UNDER 24 HRS.
Female	White	MIDOMED	DIVORCED	Sept. 10, 1	891 76 _Y	rs.	
10e LSUAL OCCUPATIO during most of working	N (Give kind of work dane		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	y & State, or foreign country)	12, CIT ZI	EN OF WHAT
Housewii		,,,,	D03(K)	Ne	w York	, °°, °°,	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
		Barne	tt	Katheri	ne Buggy		
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES	16		INFORMANT		Address	
No.	(If yes give wor or dotes	or service)	M-	rs. Florence	Paul 400 Ch	apel Woo	d Lane
	EATH (Enter only one co	use per line for	(o), (b), and (d.)	1 -			INTEDVAL DETWEEN
	ATH WAS CAUSED BY IMMEDIATE CAUSE	11/3	RCINOMA O	F BREN	75T		SINSET AND DEATH
1100		TO					
Canditions, if an		(b)					
rise to immedio		TO					
stating the und-	erlying couse	(c)					
PART II OTHER S	IGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(c)	19. WAS AUTOPSY
<u>e</u>							PERFORMED? YES NO
200 ACCIDENT WOOD ON CONTRIBUTION OF CONTRIBUTION	AS UNDERLYING 🗀	20h DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of inners in	Port L or Port II of stem 18)	160 [100 [2]
OR CONTRIBUTING	G CAUSE OF DEATH	200 00	SCHOOL HOW HISOKI OCCURRED	Line nerve or more at	1011 1 05 1011 11 01 11011 10	,	
3 20. THE OF IN	Y MEDICAL EXAMINER) JURY Month, Day, Year	204 13	JURY OCCURRED 20e PL	ACE OF INJURY (Home, for	m. 20f. (City or tow	n) (Count	(Stote)
20c. TIME OF IN.	.m.	While	Not While fo	ctory, street, affice bldg., etc		i) (coun	(3,016)
P	.m 19	ot worl		5 6 5 3	10/02 : 11	37 107 17	T (1 + (1) ())
21. 1 cert	ity that (I) (t his ho deceased alive an_	spital) offen	ded the deceosed from 1967, and th	at dooth occurred a	1967, to OCT	o , 196 /	L, that (i) (-wet los
220 SIGNATURE		7	<u>5 17 0 7 , Gild III</u>	di decili occorred d	1.7.2.11, 110111 COU	22b DATE	
Will	lomos.	ush	ing h	ATTENDING PHYS	MED STAFF PHYS.	0/0-	9-67
22c. PHYSICIAN NAME (Type	SWILLIAM	A. P	MSBURY	22d. ADDRESS	NIUM N	11.	
23o. BURIAL, CREMAT	ION. 23b. DATE TH	IEREOF	23c NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City of	or Town) (G	ounty) (State)
REMOVAL (Specif				Texas Cemete		sville, M	,
Burial 24 FUNERAL DIRECT		707	ADDRESS	250 REC	'D BY REGISTRAR 2SE	REGISTRAR'S SIGI	NATURE
		1050				Ottow Sa	
Wm. Cook-	Brooks Tows	on 1050	York Rd. 212	U4 DAIR][T 1 0 1967	Or .	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hams after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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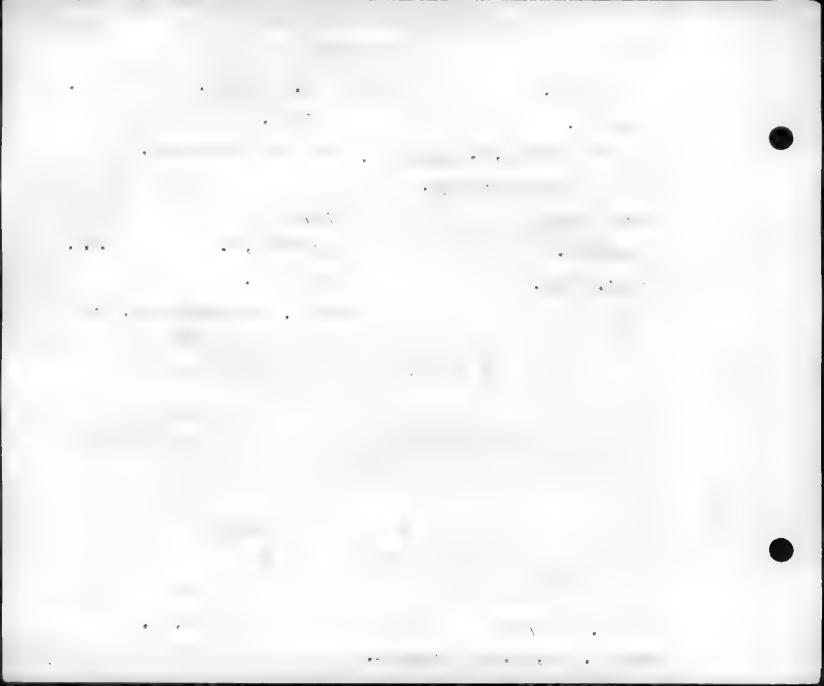
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13485

N		T 2 7 7 1			CERTIF	ICATE	OF DEA	ATH							
1		LACE OF DEATH					2 USUAL RES							odm issio	n)
4	(. COUNTY			ALA D3	YLAND	MCI .	King	svill		ь. соць	11tim	ore.		
ı	-	Baltimo			c LENGTH OF STAY		c CITY OR TO							town)	
-1		write RURAL and give	nearest town)		C EGIGIN DI ZIAZ	11 10		,	urside corp	OTOTE IIITA	, 11110 1101	inc one give	11601611	101111	
	_]	(ingaville					Mur							É BECO	FLEE
1	•	NAME OF HOSPITAL OF	K INSTITUTION (IT not i	n hospitol, gi	ive street oddress)		d. STREET ADI						e.	S RESID	RM2
		30x #1,77 K	ingsville,	Md Su	nshine Aw		Box #	477	King	will	e,Md.		у	ES 🔲	NO 🔼
	3 1	IAME OF	First		Middle		Lost		4. DAT		Mont		Doy	Yea	
1	- (Type or print)	Evelynn Ma	ry His	723.				DEA	rH Oct	ober	27		396	7
1	5 5			7. MARRIED			B. DATE OF BIRT	TH .		9 AGE (In years	IF UNDER		IF UNDER	
-	1	Comale W	hite	WIDOWFD	DIVORCE		1/11/19	1li		53 °	irthdoy) yrs.	Months	Doys	Hours	Min.
1	10o	USUAL OCCUPATION (GIV	e kind of work done		D OF BUSINESS OR		11 BIRTHPLAC	E (County	& Stote, or	foreign cou	intry)		IZEN OF	WHAT	
during most of working ife, even if refused) NDUSTRY Baltimore, Mi.												T _O	SARY?		
Housewife Baltimore Md U.S.A. 13 FATHER'S NAME 14. MOTHER'S MADE															
							Maron II								
ł	15	WAS DECEASED EVER IN I	ls APMEN CODCESS	14.5	OCIAL SECURITY NO.	17 1	MALY H	moar	•		Addre	cc			
1	(Ye	s, no, or unknown) (If ye	is give wor or dotes of s		OCIAL SECORITY NO.				_				W1		
		NO				Ken	noth E.	Hig	gs 51	mehi	ne Av	e. Bo			
1		18. CAUSE OF DEATH PART I. DEATH W	(Enter only one couse	per ne o	(o), (b), and (c).)	~ /T.	n Dn	11.1	110	1.71	Lore	07110		I AND D	
1		PANT IL DIALITI TE	IMMEDIATE CAUSE (o)	17	AF-NC	16	7/11	116	MA	JH	1 1-1	440	2	OA	(DC
1			DUE TO	611	1/1	· In-		21	12721	2	cha-				
1		conditions, if only, which gove is to immediate couse (o). (b) Wilder, I for all International Course (o).													
1		rise to immediate couse (0). stoting the underlying couse DUE TO													
1		last.	(c)]								<u> </u>			
-1	_	PARY IF OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO	DEATH-BUT NOT REL	ATED JO J	HE TERMINAL DI	ISEASE (O	NDIT ON G	IVEN IN PA	RT 1/67	11 1		WAS AUTO	
2	CERTIFICATION	to Jind	LEXACTI	AFIX	The ACIC	1/1/	4 Want	010	14/	411	6.0	Alinh	e ZXES	PERFORME	NO P
1	<u>E</u>	20a ACCIDENT WAS UND	FRI YING	20h DES	CRIBE HOW INJURY O	CCURRED	Enter/noture of	IDHETY IN	Port Lor	Part II of it	em 18 1	Cuch	567		
1		OR CONTRIBUTING CA	USE OF DEATH	200. 500	CAIDE HOW HISOMY O	-	(anti-og trotta-a ot	11750- 9 111			om . o j				
ı		(IF EITHER, NOTIFY MEDI 20c TIME OF INJURY		204 16	JURY OCCURRED	20 - D) A/	CE OF INJURY (H		n 201	If the c	of fown)	tr	inty)		Stote)
-	MEDICAL	Hour o.m.	111111111111111111111111111111111111111	While	Not While		ory, street, office			(01.)	7 TO WILL	Troi	زيرية	(.	orose)
1	-	p.m.	19	ot work			11/1				1-	×	-		
1			nat (I) (this hospi		ed the deceased	fram	11/2		1976	to Z	12/				ve) last
saw the deceased alive on 1477 1960, and that death occurred 441 AM, from causes and on the date st												obove			
1	4	220 SIGNATURE	17/12.	10/	1. 113	1	ATTENDING	de	MED	- 5	TAFF _	22b. DA	JE SIGNEI	20/	14
1	V	LEXXG	14000	14-2	LUXIGI	M.D	PHYS		DIRECTOR	L P	HYS L	/.	6/4	1//	01
		22c PHYS PLAN'S NAME (Type)	tot 1 mg	TON	EHI	X	22d ADD	RESS-	NK	- h.	18.	-	to	d1	1
		O. O. D. Day	Last to	XV	1-114	V701	Y/	4	/[/)	110	111	- 6	16.		
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE	OF	23c NAME OF CEM	FTERY OR	CREMATORY		23d	LOCATION	(City or Tov	wn)	(County)	(51	ote)
			10/30/6	7	Belair	Memor	cial		Be	lair					
	24	FUNERAL DIRECTOR	10/ 20/ 0	*	ADDRESS				D BY REGI	STRAR	2Sb RE	GISTRAR'S SI			_
	40		hade does	ביסטבי ד	Towers Del			DATE 1	CT 3	1 19	67	Mila	HOW!	Jacob	H.

TO ILUNIRAL MIRECTOR: After this certificate Tom been migned by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cation pages. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death Page 4 may be retained by the hospital or offending physician. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours offer death.



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		TO NOW		CERTIFICA	TE OF DEATH			79490
		PLACE OF DEATH O. COUNTY BALTIMO	ORIE	MARYLAND	O. STATE	(Where deceased lived	d, if institution. Reside b. COUNTY	ince before admission)
		OCITY OR TOWN (If outside corporate lin write RURAL and give nearest town) FORT HOWARD	nits,	ELENGTH OF STAY IN 16		outs de corporate limit	s, write RURAL and gr	ve neorest town)
)		I. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, g	rve street address)	d STREET ADDRESS			B IS RESIDENCE ON A FARM?
1		VETERANS ADMINIST	RATION H	OSPITAL	1325 LUZ	ERNE AVENU	E	YES NO X
		NAME OF DECEASED Type or print)	first JAMES	Middle	HILLIAN	4. DATE OF DEATH	Month OCTOBER	Doy Year 11, 1967
F	5	6 COLOR OR RACE MALE NEGRO	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	B DATE OF BIRTH 12/23/13		n years FUNDE withday) Months	Doys Hours Min
CABOLINA	duti	USUALOCCUPATION (Give kind of work doing most of working life, even if retired)		ND OF BUSINESS OR SPITAL	11 BIRTHPLACE (Coun	TELD, S. C	untry) 12 C	OUNTRY?
	13.	FATHER S NAME			14. MOTHER'S MAIDE			
Ë	10	RUFES HILLIAN WAS DECEASED EVER IN U.S. ARMED FORCE	c2 14 c	OCIAL SECURITY NO	SARAH MU 17. INFORMANT	RIMAN	Address	
BOUTH	(Ye	s, no, or unknown) (If yes give wor or dote YES WWII	es of service) 25	1 03 62 87 0	LINICAL RECO	RDS, VAH,		
CHUERAW.		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY. IMMEDIATE CAU	SE (o) PNEU	1 2. 1 .	ERAL UNDEFFI	RMINED ORG	ANIEW	NTERVAL BETWEEN ONSET AND DEATH
号		Conditions, if ony, which gove	(b) SQU	IAMOUS CELL	ARCINONA, L	ARYNX		NONTHE
HOME,		sloting the underlying couse sost.	(c)					
	AT.ON	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PA	ART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
FUMERAL	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCURI	RED (Enter noture of injury .	in Port I or Port II of a	tem 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m. 1	While of work	Not While of work	PLACE OF INJURY (Home, for foctory, street, office bidg e		or town) (C	ounty) (Store)
MORRIE		21. I certify that \$0 (this he saw the deceased alive an	ocat	ed the deceased from 111967_, and	SEPT 10 , that death accorred (OCT 11, 19 a causes and an	67, that 🙉 (we) las the date stated above
- AG		220. SIGNATURE	10	was	M.D. PHYS.			DATE SIGNED LO/11/67
, g		22c PHYSICIAN'S NAME (Type) KRISHNA	V.S. RA	O, M. D.	22d ADDRESS VAH FOR	RT HOWARD,	MARYLAND	
CHITPPIN	230	BURIA_, (REMATION, 23b DATE PROVA_(Specify) 10-14		23c NAME OF CEMETERY	OR CREMATORY		(City or Town)	(County) (State)
SHI	_	FUNERAL DIRECTOR	Ŋ	ORTEN E DYE	IT FUNERAL" H	DARY REGISTRAR	2Sb REGISTRAR S	
				AURENS STRE	ET. PALTINOR	CT 3 19	di A	La Sand



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) p. COUNTY n STATE **b** COUNTY Baltimore Md. Balto. MARYLAND b CITY OR TOWN (If outside corporate i mits, CLENGTH OF STAY IN 16 c CIY OR TOWN (If autside carporate in ts, write RJRAL and qive nearest town) write RURAL and give negrest town) Pikesville-8 Pikesville-8 9 yrs. A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS # IS RESIDENCE ON A FARM? 7915 Stevenson Rd. 7915 Stevenson Rd. YES NO THE NAME OF Middle First Last 4 DATE Month Day Year DECEASED 19 67 OF (none) Hillman October Leonard (Type or print) DEATH SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (In years Male White 58 birthday) Hours Min Oct. 23, 1909 DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B-RTHPLACE (State or foreign country) 12 CT ZEN DE WHAT during most of working life, even if retired) INDUSTRY U.S.A. Baltimore Attorney 13. FATHER'S NAME 14 MOTHER'S MA-DEN NAME Charles Hillman Tda 15 WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar Joknawn) (If yes give war or dates of service) 217-38-3479 Mrs. Flora Hillman, 7915 Stevenson 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) INTERVAL BETWEEN 200 AND DEATH PART 1 DEATH WAS CAUSED BY. Gunshot wound of the head (suicide) IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a EXTERNAL CAUSE WAS PRIMARY ES OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Part I or Part II of Hem 18) Deceased shot self between eyebrows with 4:10 gauge shot gun. CAUSE OF DEATH MEDICAL 20 TME OF NJURY Manth, Day, Year 4:05 pm 10-25-679 20d INJURY OCCURRED 20e PLACE OF JURY (Hame, form) (City or town) (County) (State) Home While Not While at work Pikesville Balto. Md. at wark 21. I certify that I took charge of the remains described apove, held an Autopsy ... Inspection x. Inquiry x and in my apinian death resulted fram Natural causes | Accident | Suicide 🕱 i. Hamicide | | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Red Sterstown, Md. **EXAMINER'S** 10-26-67 D. Caples, M. D. Hanover NAME (Type) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)

25b REGISTRAR'S SIGNATURE

ADDRESS

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EXAMINER:

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Page please execute

the funeral director.

24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY BALTIMORE. MARY! AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) uears CATONSVII.I.Ed. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1916 Old Frederick Rd 3. NAME OF First Middie Month DECEASED HOFFMAN (Type or print) SR. Oct. DEATH 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED A 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months MALEWIDDWED DIVORCED [Jan. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Ret. Poultruman PoultruCotonsville 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James M. Hoffman Katherine Kaiser 15. WAS DECEASED EVER INU.S. ARMED FORCES? | 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (ff yes give war or dates of service) Cecelia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO

ues 18. CAUSE DF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)

DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

ATTENDING

20c. TIME OF INJURY Month, Day, Year Hour a.m.

While Not While at work at work

2Dd. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town)

factory, street, office bldg., etc.)

(County) (State)

WAS AUTDPSY

PERFORMED? ND F

B. IS RESIDENCE ON A FARM?

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Davs

USA

12. CITIZEN OF WHAT COUNTRY?

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saw the deceased alive on

PHYS/CIAN'S

21. I certify that (I) (this hospital) attended the deceased from

and that death occurred at 37M, from the causes and on the date stated above.

22a. SIGNATURE

DIRECTOR PHYS. 22d. ADDRESS

MED.

BURIAL, CREMATION, 23b. DATE THEREDE REMDVAL (Specify)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

(State)

Burial FUNERAL DIRECTOR

VR A15 (4) 20M 1/65

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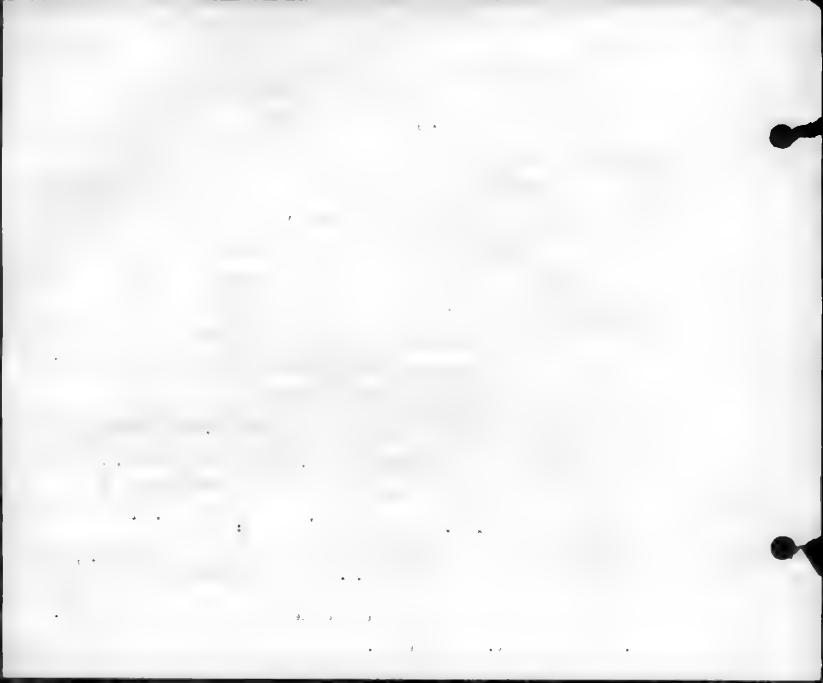
CERTIFICATE OF DEATH

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o. COUNTY	Baltimore Co	ounty		o. STATE	E (Where deceosed lived,	if institution Res b. COUNTY	idence before	odmission)			
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Cato	nsville PITAL OR INSTITUTION (IF :	Jan.	9.1961					Life de la constante de la con			
			_	d STREET ADDRESS	Street		8	ON A FARM?			
—Spring	-Grove-State				· · · · · · · · · · · · · · · · · · ·		1	ES NO			
3 NAME OF DECEASED (Type or print)		irst	Middle	Lost	4 DATE OF DEATH	Month	Doy	Year 19 67			
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TW- THILLY J HAVE		1				36411					
	บทใดกอนท			tive the second	XXXX Mary	Miller					
15. WAS DECEASED	EVER IN ILS ARMED FORCES	? 16. OCIA	L SECURITY NO.	17. INFORMANT		Address					
no, or unknow	(If yes give wor or dotes	of service)		Spring Grov	e Records						
T 18. CAUSE OF	DEATH (Enter only one co	use per line for (a). (b), and (c).)	4.4			INTE	RVAL BETWEEN			
	FATH WAS CAUSED BY-			(im	mediate)			ET AND DEATH			
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	VAS UNDERLYING □ NG □ CAUSE OF DEATH	NAP DEZCEIR	HOW INJURY OLLU	RRED (Enter noture of injury n in rt.tempo	in Port I or Port II of ite	m I8.)	2 1061	7(minon			
(IF EITHER, NOT	FY MEDICAL EXAMINER)	2	raceracto	u ru re-cambe	MAT LASTOU	on occ.	2 170	(MILHOI			
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Hour	10	Whe	Not White H	foctory, street, office bldg.,	atc)		•	Towns			
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23g. BURIAL CREMA	TION. 1 236 DATE TH	TEDEUE 1 23	NAME OF CEMETER	A US CREMATURA	23d LOCATION (City or Town)	(County)	(Stote)			
REMOVAL (Special Control				er Cemetery	Montgon	ery Cou	nty, H	a . (31018)			
		101									
24. FUNERAL DIREC			ADDRESS		EC D BY REGISTRAR		SSIGNATUR	/			
wm. Co	ok-Brooks I	nc. Baltin	nore, Md.	21202 DATE	OCT 1 3 19	67 //	iones	, Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO IUNERAL INTECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 12-hours after death. Page 4 may be retained by the himspital ar attending physician.

VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon dapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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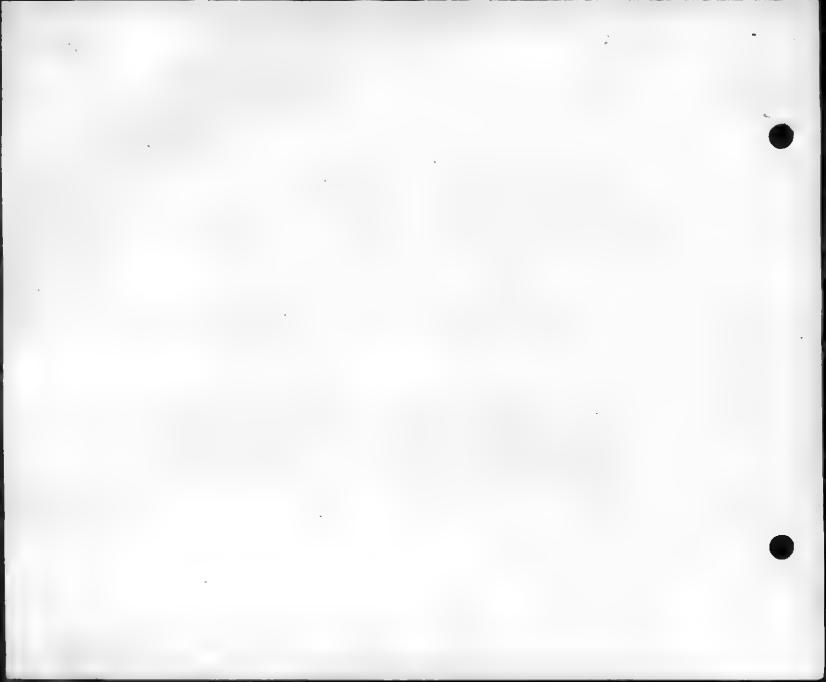
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and cremov	Fe	male	White	WIDOWED	DIVORCE		ov. 4, 18	395		last birthday)	Months Da	ys Hours	Min.
e le	102	. USUAL OCCUPAT	ION (Give kind of work) ng tife, even if retired	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLAC		ty & State,		1) 12. CITIZ COUN	EN OF WHA	r
sici eas and	401	House	ife	" '	HUUSIKT		Marylar	nd				S. A.	
physician physician n please r val, and in	13.	FATHER'S NAM	E				14. MOTHER'S		NAME				
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attending attending rmit. Ther n, or remov	15	WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	NFORMANT			Addre	SS		
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nat the de cian. ed by the transit pe trematio		18. CAUSE OF I	DEATH [Enter only on	cause per l	ine for (a), (b), and (c)		35	-1110		7,000	1 1	NTERVAL BI	TWEEN
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是	CERTIFICATION	PART II. OTHERS	IGNIFICANT CONDITIO	NS CONTRIB	JTING TO DEATH BUTN	OT RELAT	ED TO THE TERMIN	NAL DIS	EASE COND	ITION GIVEN IN	PART 1(a)	19. WAS A PERFO	UTOPSY RMED?
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AR: pita d fo of H	RTI	20a. ACCIDENT OR CONTRIBUTE	WAS UNDERLYING TO	20b.	DESCRIBE HOW INJUR	Y OCCUP	RED. (Enter natu	ire of in	Jury in Par	t I or Part II o	f item 18.)		
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After After 1 be c	MED	nour a.n		While at work		140107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-80, 1100					
Pic Aff		21. I certify	y that (I) (this hosp	ital), attend	ed the deceased fr	om	pure	., 19_	دے to_	10-28		that (1) (we) last
		saw the dec	eased alive on	thray	28 19 6 7 a	nd that	death occurred	at	M, fro	m the causes	and on the	date state	d above.
OR ATTE / be retai DIRECTOR Age 3 sho led with t		22a. SIGNATUR	F /	1	4		ATTEMPING	ИБ	D	STAFF	22b. DATE		
		rand	Mus C.	Juste	l	M.D.			ECTOR _	PHYS.	10/	30/67	
FITAL 4 may 1ERAL 1 1 or, pag 1 be file		22c. PHYSICIA NAME (Ty	^{pe)} Frankli	Leali		M. 1	22d. ADDRES		3rd St	. Balt	o. Md.	2121	
2 Z X 2	232	Ribial Cocsa			23c. NAME OF CE			/.		ATION (City, to			itate)
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attending physician and completely filled in bearmit. Then please remove carbon pepers. Par n, or removal, and in any event, within 72 hours executed within The law requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permitshould be filed with the State Dept. of Health prior to burial, cremation, or r O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Rege 4 may III retained by the hospital or attending III hysician. VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8 CERTIFICATE OF DEATH PLACE OF DEATH OSUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Town (Moutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write CURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET YES NO Z NAMEOF Middle DATE Month Day Year First OF DEATH DECEASED 19 6 (Type or print) DATE AGE (In years | IF UNDER 1 YEAR) FUNDER 24 HRS SEX 6. COLOR OR RACE 8, 9. 7. MARRIED NEVER MARRIED last birthday) Months Hours Days DIVORCED WIDOWED 102. USUAL OCCUPATION (Give kind of work done during mest of working life, eyen if retired) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR HPLACE (Compty & State, or foreign-country) puslint FATHER'S NAME 14. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY INFORMANT (Yes. no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH CARDIO - VASCULA RICALO SCHLAOTIC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate **DUE TO** сацве (а), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F YES [20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) Hour a.m. MED While Not While at work p.m. at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 194 and that death occurred at 10 A M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURÉ 10 ATTENDING PHYS. STAFF DIRECTOR M.D. **ADDRESS** 22c. PHYSICIAN'S 22d. NAME (Type) LUM a USEPH 470 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. 23c. REMOVAL (Specify) REGISTRAR 1967 FUNERAL O'RECTOR ADDRESS 25a. REC'D BY 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



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E 5.4			NAME OF HOSPITAL OR INSTITUTION OF not	in hospitol, give street oddress)	d STREET ADDRESS 5911, Glenkir	RE B IS RESIDENCE
within 24	40		N'ulary Jou	ison Merry	ince 11110Mastiddad	ON A FARM?
			IAME OF First	Middle	Lost 4 DATE Month	Doy Year
0-0-			Type or print) ELYZAbeTh	C, U	Hough DEATH Oct	12 1967
compley ove coll y event		5	6. COLOR OR RACE	7 MARRIED 🔲 NEVER MARRIED 🔲 🗄	8 DATE OF POPULATION 1879 AGE (In years IF UNDER	
e ⊃ ≥ ≥			emale white	WIDOWED DIVORCED	11-2-77 Sost birthday) Months	Doys Hours Min
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를 다 를 다 릴		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) {\(\text{If yes give wor or dotes of s} \)	16 SOCIAL SECURITY NO. 17 I	INFORMANT Address	0
ottending permit. The		1.0	no	220-46-0070 Mr	s. Edw. Buckler, Jr609 Hampt	on Tana-Ol
ne uedin cernicate ne ottending physicior t permit. Then pleas ation, or removal, onc		Ħ	18 CAUSE OF DEATH (Enter only one couse		02 00 1101100	AITEDIAL DEBUGERA
at the			PART 1 DEATH WAS CAUSED BY	Challentellen and	nome with condiac armst	ONSET AND DEATH
mar me u an. by the oth transif per			IMMEDIATE CAUSE (o		WINT WILL COPEING WITHST	Instant
sscie			See different of their subsets are a	256 21 4:	heart discose	114 1/ "
sign burn			Conditions, if ony, which gove nse to immediate cause (a),		NEON GISTASE	14 hear.
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			stoting the underlying couse DUE TO			
din			fast (c)		
then then to bs h		2	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
E Se Se		CERTIFICATION	_			PERFORMED? YES NO
an or o or o	~	E	200 ACCIDENT WAS UNDERLYING	I 20% DESCRIBE HOW INTERV OCCUPATED	(Enter noture of injury in Port I or Port II of item 18)	1 100 [] 110 [
音音音		ERT	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW MISORY SCHOKED	(Ellis 10-02 of Mory 11 for Fort is of Hell 10)	
ost of the children of the chi		AL ((IF EITHER, NOTIFY MEDICAL EXAMINER)			
Pe his		MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a m		CE OF INJURY (Hame, form, 20f (C ty or town) (Coor, street, office bldg, etc.)	ounty) (State)
at taa		Z	p.m. 19	of work of work	ort, sheat, donce brug, etc.)	
Affre Sto			21. I certify that (1) (this haspi	tal) attended the deceased fram	0/31, 1964, to 10/12, 19	6.7 that (1) (we) li
			saw the deceased alive an	0/ / 19 <u>6 °C</u> , and that	t death accurred at 9 15 pM, fram causes and an	the date stated abar
4 音 C			220 SIGNATURE	(a) : al .	22b (DATE SIGNED
be re be re DIRE			W. Til	M.C	ATTENDING MED STAFF DIRECTOR PHYS	
			22c PHYSICIAN S		22d ADDRESS	
Poge 4 may TO FUNERAL director, po			NAME (Type)			
Ne de la	,	230	BURIAL, CREMATION. 23b DATE THER	OF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	Manual (Sect-)
Poge 4 1 D FUNE director,	0	200	PEMOVAL (Specify)			(County) (Stote)
5- 5- 0	W	7.4	BURIAL 10/16,6	7 GREENMOUNT	CEM. Baltimore REGISTRAR S	CONTRACTOR
VR A15 (4)	T	Z4 MCT	FUNERAL DIRECTOR ICHELL-WIEDEFELD HOM	ADDRESS OF 6500 York Pd. 212	250 RELD BY REGISTRAR 250 REGISTRARS	
25M 1/67	A/I	بلل"نا	TOURDE-WITCHGURDED NOW	m-0000 lork na. 212	12 June 1 1 8 1967 Oction	la Oudas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 butside carporate limits, write RURAL and give nearest town) TOWN (f outside corporate limits RURAL and give negrest-town IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREFT ADDRESS NO X YES NAME OF DATE Last Year campletely DECEASED 0F DEATH in any event, (Type or print) 100 IF LINDER 1 YEAR S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** Lest birthooy) Manths Days Hours WIDOWED DIVORCED and 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign/country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME ar remayal, the attending phys M. FO PERLIPTE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANI (Yes, na, ar unknown) (If yes give war ar dates of service signed by the atter burial-transit perm burial, cremation, a INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if ony, which gave nse to immediate cause (a), DUE TO stating the underlying cause as the priartal has been last 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached for use State Dept. of Health NO TO FUNERAL DIRECTOR: After this certificate by the hospital ar 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg, etc.) at work 21. I certify that (1) (this hospital) attended the deceased from , to ___, thot (l) (we) lost be retained 20-1967, and that death accurred at 223 PM, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF director, page 3 should be filed w DIRECTOR 22d. ADDRESS G LOCATION (City of Town) 230 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (State) 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

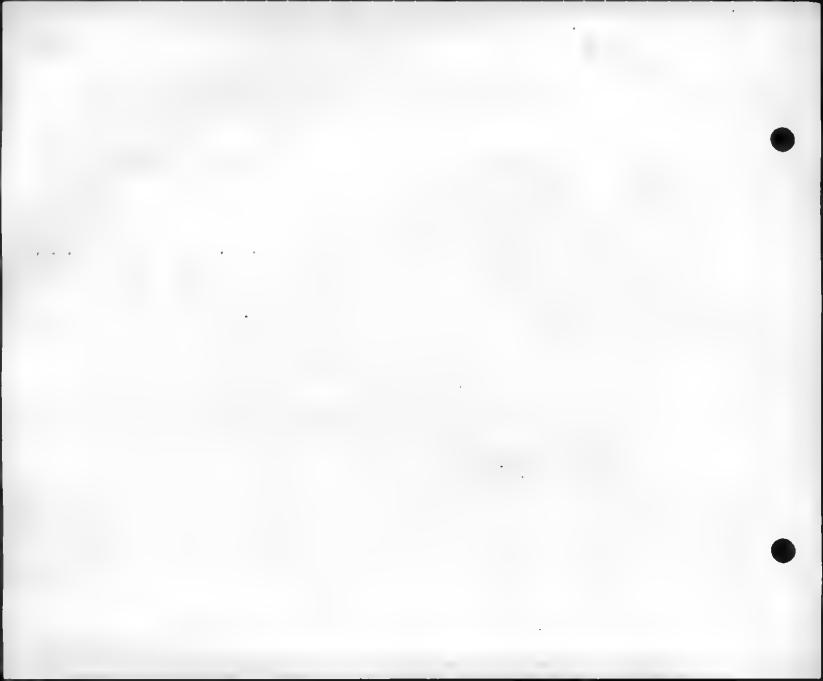


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CERTIF	ICAIL	OF DEATH		EK.
PLACE OF DEATH o. COUNTY					2 USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT	
o. Countr	Baltimor	e	MARY	TAND	9.7	v) and	Dal timore
b CITY OR TOWN (1	outside corporate limit		c LENGTH OF STAY II	N 1b		tside corparate limits, write RUR/	
Parkvill	give nearest town)				Farkvill	^	
d NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, a	ive street oddress)		d. STREET ADDRESS	Е,	e IS RES DENCE
	18 Oak Ave		•		7070 0-1-	A 07.0 7.11	ON A FARM?
NAME OF		rst	Middle		lost Oak	Avenue 21234	1 11 11 10
DECEASED						OF 3.0	
(Type or print)	6 COLOR OR RACE	a Wilhe		ПТв	Hughes I	9 AGE (In years	15 167 IF JNDER 1 YEAR F UNDER 24 HR
		7. MARRIED				last birthdoy)	Months Doys Hours Man
emale	White	WIDOWED	DIVORCED	<u> 119</u>	20- 1894	73 yrs	
Do USUAL OCCUPATION	(Give kind of work done	19b. KR	NO OF BUSINESS OR		11. BIRTHPLACE (County 8	& State, ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
luring roost of working.I Housewi	fe		Home		Baltimore,		U.S.A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME	
	John Schus	ter				Charlotte Ba	11
S. WAS DECEASED EVE	IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. 1	NFORMANT	Addres	
ves, no, or unknown)	(If yes give wor or dates of	NC SERVICE	ne	Joh	n Hughes Jr	. 7818 Oak Ave	mia 2123h
Conditions, if ony, nse to immediate stating the under last	lying couse DUE	(b) H y (c)				ascular Dis	tio was autopsy
PART IT OTHER SIC	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	ME TEDIJIMAL DISEASE (AN	IDITION CIVEN IN PART 1751	
>				7 -	ne		PERFORMED? YES NO
≧ Heur om	CAUSE OF DEATH MEDICAL EXAMINER RY Month, D. Year	20d /N	SCRIBE HOW INJURY OF	CCURRED. (ne	Port t or Port 1 of Item 18)	PERFORMED?
20c TIME OF INJU Hour on pm	CAUSE OF DEAT MEDICAL EXAMINER RY Month, Day, Year	20d M While ot work	SCRIBE HOW INJURY OF	tram_/	(Enter noture of injury in I EE OF INJURY (Home, form ory, street, office bldg., etc.)	Port t or Port 1 of item 18) 1. 20f (City or town) 964, ta 1404	PERFORMED? YES NO
20c TIME OF INJU Hour on pm	MEDICAL EXAMINER RY Month, Day, Yatu 19 y that (I) (this hos	20d M While ot work	SCRIBE HOW INJURY OF	tram_/	(Enter noture of injury in I	Port t or Port 1 of item 18) 1. 20f (City or town) 964, ta 1404	(County) (State)
20c TIME OF INJU Hour on pm 21. I certif saw the de 22o SIGNATURE 22c PHYSICIAN'S	y that (I) (this hose ceased alive an	20d M While ot work	SCRIBE HOW INJURY OF	fram _/	(Enter noture of injury in I	Port t or Port 1 of item 18) 1. 20f (City or town) 964 ta 1404 In a causes a	(County) (State) (County) (State) 1947, that (1) (we) that an the date stated aba
20c TIME OF INJUMENT OF PM 21. I certification of the pm 21. I certification of the pm 22c SIGNATURE 22c PHYSICIAN'S NAME (Type)	y that (I) (this has becased alive an	20d AN White of work of the Color of the Col	Not While of the deceased 19 5 7, co	tram / M.D.	(Enter noture of injury in I	Port t or Port 1 of Item 18) 1. 20f (City or town) 964 to 14047 1225 Infram causes a	(County) (State) (County) (State) 1947, that (1) (we) to the date stated abart 22b DATE SIGNED 160-X67 4 Balto-Russ
20c TIME OF INJUMENT OF MEDICAL PROPERTY OF THE PROPERTY OF TH	y that (I) (this has becased alive an	20d AN While of work of the Annual Price of Work of the Annual Price of the Annual Pri	SCRIBE HOW INJURY OF CAME OF C	from	(Enter noture of injury in I	Port t or Port 1 of item 18) 1. 20f (City or town) 964 to 1404 1235 Infram causes a MED DIRECTOR PHYS Har Ford K 23d .OCATION (City or Tow	(County) (State) (County) (State) (State) (State) (State) (State) (State) (A Balto Rule) (State) (State)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. = TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complefely filled director, page 3 should be defached far use as the burial-transit permit. Then please remave carban page should be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within the state Dept of the state of t Page 4 may be retained by the haspital ar attending physician.



TO MOSPITAL OF ATTINITIES PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the haspital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled his py the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, withher 72 hours often

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

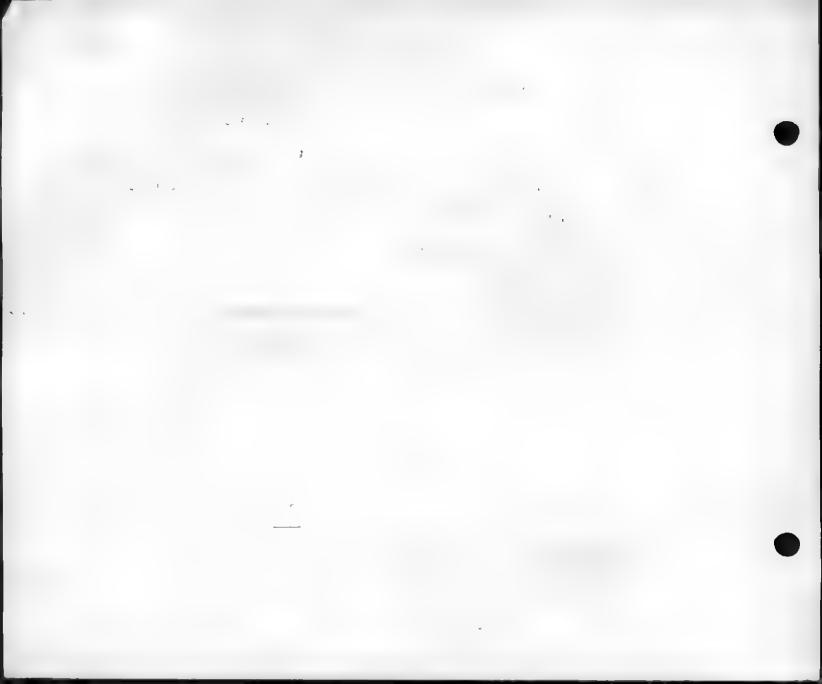
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	•		CERTII	FICATE	OF DEATH				1343	9
PLACE OF DEATH					2 USUAL RESIDENCE	(Where decease			before adm	nission)
a. COUNTY B	ALTIMORU	=	MAR	YLAND	o. STATE		b. cou	Balles		
	(If autside corparate limits nd give nearest town)	,	c. LENGTH OF STAY		CCITY OR TOWN (IF	outs de carparat	te limits, write RL	JRAL and give	nearest taw	n)
GARR	150N		11/R 3NO .	2419	BALT	IMORE				
d. NAME OF HOSP	TAL OR INSTITUTION (If no	, ,			d STREET ADDRESS	P 01	.1 .			RESIDENCE A FARM?
FOXLE	IGH NURS.	ING 1	HOME	<u> </u>	32 19 M	SKANI	EWAY		YES [
NAME OF DECEASED	Fir	st	Middle		Lost	4 DATE OF	Мог	rth	Doy	Year
Type or print)	CHR	<u> </u>	NETZ	<u> </u>	HUNT	DEATH	10		26	1960/
SEX	6. COLOR OR RACE		NEVER MARRIE	· -	DATE OF BIRTH	, 9	AGE (In years lost birthday)	Months		NDER 24 HRS
ALE	WHITE	WIDOWED	DIVORCE	D []	128/80	1 8	yrs.	1 10 0171	1544 05 1481	
ing most of workin	ON (Give kind of work done glate, even if retired)		ND OF BUSINESS OR DUSTRY	u /	II BIRTHPLACE (Coun	ly & State, ar fair	eigh country)		ZEN OF WHA	41
FATHER S NAME		Acre	Chilat-11	other	14. MOTHER S MAIDER	mules	-, the	1 24	. 4.4	
-	LIEL HUN	1			14. MOTHER'S MAIDER	THANK				
	FER IN L. S. ARMED FORCES?		SOCIAL SECURITY NO.	17 IN	FORMANT	our	Addi	iess Ci	delada	16
es, no, ar unknawn	(If yes give war as dates a	f service)	h	ma	Prince ?	4.57	2710 0	en Ika	/ CUMAN	will a
	DEATH (Enter only one cou		(a) (b) and (c)	<u> </u>	evine I	wy,	20-17 11	n estay	INTERVAL	BETWEEN
PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	~	140 card	ia(In Care	+ '. 8-			ONSET A	ND DEATH
+	DUE	(0)							11000	* -3
Conditions, if on		(b) A	trteniz	50	122051	2			cenk.	nount
rise to immedia		TO								
lost.)	(c)								
PART II. OTHER 20a ACCIDENT W OR CONTRIBLTIN	SIGNIFICANT CONDITIONS CO	ONTRIBUTING T	TO DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)		19 WAS	AUTOPSY OR MED?
									YES [NO V
	AS UND€RLYING □ G □ CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY O	OCCURRED. (E	nter nature of injury i	n Part I ar Part	II of item 1B.)			
	Y MEDICAL EXAMINER)									
20c. TIME OF IN	JURY Month, Day, Year	20d II While	Nat While		OF INJURY (Hame, fa		(City or town)	(Coun	ty)	(State)
	m. 19	at war	at work							
21. I cert	ify that (1) (this hos	pital) often	ded the deceosed	from			10 20			1) (we) los
	deceosed olive on	10 6	1967,	and that	death occurred o	01 2 1 3 CP M	, from couses	22b. DAT		ated above
22a. SIGNATURI	5-15-00	4.	$()()_{\alpha}$	→ MD	ATTENDING	MED: DIRECTOR	STAFF PHYS.	7 220. UAI		c * 7
22c. PHYSICIAN	- Colorest		<u> </u>	M U	PHYS. LU-	DIRECTUR	Prils. L		£ 6c	
NAME (Typ		- 0	IM.	(0)	614	on	Rd	Car	my stal	1,100
BURIAL, CREMAT		REOF	23c NAME OF CEM	AETERY OR CE	REMATORY +	7 23d. LO	CATION (City or To	own) (i	County)	(Stote)
RIMOVAL (Speci		21967	Gerras.	Mark	Enter Mic	will.	of Para	must	New	· Levoer
4. FUNERAL DIREC	OR /	on.	ADDRESS	1	250 RE	CD BY REGISTR	AR 25b R	EGISTRAR & SIG		1
Zanh	d/ X/2	16/1	14111	W.	1 // N	ስፐ ቁብ	1967	May	Do Vec	das.



VR A15ME (5) 6M 1/67

1	Items 18, 20a, 20b, f &21 MARYLAND STAT	PRESTON STREET, BALTIMORE, MARYLAND 21201	
A	13791 MEDICAL EXAMIN	VER'S CERTIFICATE OF DEATH	13496
3).	DATELINOTE	2 USUAL RESIDENCE (Where deceosed lived, if institution: Res D STATE Maryland Maryland	RAITO
	b (TY OR TOWN (If outside corporate mits, write RURAL and give nearest town) Baltimore	IN 1b c CITY OR TOWN (If outside corporate in its write RJRAL and Baltimore	give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RES DENCE ON A FARM?
1	Caltriders Lane	Caltriders Lane	YES NO
	3 NAME OF First Middle	ORD JACOBS 4 DATE Month Of DEATH October	Doy Year 11 19 67
	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED Male White WOOVED TO DIVORCED	D B DATE OF BIRTH 9. AGE (In years IF UNI	DER I YEAR FUNDER 24 HRS
	100 US_ALOCCUPATION (G ve kind of work done during most of working rife, eyen if refred) DRY WALL HANGER RACH WORKING	O /NC 11. BIRTHPLACE (State or foreign country) 12 NURS CLINTON NC	CIT ZEN OF WHAT COUNTRY?
	STEPHEN JACOBS	14. MOTHER'S MAIDEN NAME MARY AMMONS	
	15 WAS DECEASED EVER IN. 5 ARMED FORCES? (Yes, no, or unknown) (14) 190 with additional force) 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	17 INFORMANT Address MRS GARY MEADOWS 395 A MAPLE	AVE JESSUP HO
	PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Gunshot wound 1 7 DUE TO Conditions, if any, which gove (b) (b) DUE TO stoting the underlying couse (7), stoting the underlying couse (7).	of the chest	ONSET AND DEATH
	lost. (c)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
ľ	PRIMARY For CONTRIBUTING Subject shot	CCURRED (Enter noture of injury in Port I or Port II of tem 1B)	YES NO
,	20c TIME OF N. JRY Month, Doy, Year Hour orm. Bef. 4xxx 10 11 19 67 Of work of work of work	foctory, street, office bldg, etc.) Reisterstown	(County) (Stote) Balto Md.
	21. I certify that I taak charge of the remains described at death resulted from: Natural causes . Accident .		and in my apin an
	SIGNATURE SALVANDA & WILSON	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
1.	EXAMINER'S B STEWERT F. WILSON		10/12/67
	REMOVAL (Specify) OCT 15 1467 NEW BA	ETERY OR (REMATORY 23d LOCATION (City or Town) ETHEL CEM CLINTON	(County) (State)
	THE DIPPEC BROSING 1800 E LOME	BARD ST DATACT 1 6 1967	S SIGNATURE
	THE UNITE & DAW THE 1800 L LOPIC	BARO ST DATECT 16 1961	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 1 PLACE OF DEATH b. COUNTY a. STATE COUNTY 2, atru. P.M3 Page Maryland MARY.AND Baltimore Baltimore deloy c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outs de carparate limits, the Stote Degartmen write RURAL and give nearest town) 50 yrs. Rural Balto. Rural Balto. d STREET ADDRESS e 15 RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (f not in hospital, give street address) with farm 4119 Taylor Avenue YES NO 1119 Taylor ave. 3 NAME OF First M+ddle 4 DATE OF DECEASED John Roedel Jaeger DEATH (Type or print) IF UNDER 1 YEAR ce alone S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED J NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 9-14-1911 Male White 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country 100 USUAL OCCUPATION (Give kind of work done shou d be forwarded to the Chief Medical Examiner's Of during most of working te, even if retired)

Chemist COUNTRY? INDUSTRY U.S.A. Allied Research Maryland permit. File poges event within 72 hours aft 14. MOTHER 5 MAIDEN NAME 13. FATHER'S NAME Annie Higdon John T. Jaeger

15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates at service) 16 SDETAL SECURITY NO 17 INFORMANT E. Eleanor Jaeger 1119 Taylor Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) o barial-troasit q in any event w PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4201 writing the word DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse pe ased 19 WAS AUTOPS) PERFORMED? Health prior to burial, cremotion, or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) the certificote, 20a EXTERNAL CAUSE WAS 20h DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Port 1 or Part II of Item 18.) 3 should PRIMARY CONTRIBUTING C CAUSE OF DEATH files. 20e PLACE OF NJURY (Hame, farm, 20f ((ty or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg , etc.) Haur o.m. Not White FUNERAL DIRECTOR: Mage at work at wark 21 1 certify that I tapk charge of the remains described above, held an Autapsy ... Inspection -Inquiry and in my apinion Acc dent Surcide Undetermined manner Notural couses ... Homicide 🛭 CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAM NER NAME (Type) Charles F. O'Donnell, H.D. Address (Street city lawn or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) the 23g BUR AL CREMATION. Burnar Specify) 10/9/67 Parkwood Cem. Balto Balto. Md. REGISTRAR'S SIGNATURE BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME Lassahn Funeral Home \$401 Belair Road 6M 1/67 DATE



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OR POWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end/give nearest town) ZONE 21201 NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give/street eddress) 05 NAME OF Middle DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) WIDOWED P DIVORCED [10a. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working lile, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werardates of service) GERTRADE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] signed by lominal norter PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 206. DESCRIBE HOW INJURY OCCURED. After nature of injury in Pert I or Part II of Item 18.] 200. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, ; 2Dt. (City or lown) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m 19.00 , and that death occurred at causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHY5 M.D. HOSPITAL death. Page of FUNERAL 22d. ADDRESS 22E. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or count 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATOR 24_FUNERAL DIRECTOR'S SIGNATURE VR A15

DIVISION OF STATISTICAL RESEARCH

ARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ON A FARM? YES NO X

1967

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? NO T

(State)

22b. DATE

SIGNED

19. (Ahat (I) (we) last

(County)

12. CITIZEN OF WHAT COUNTRY?



Item 13 FilmG 434 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH									
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Res	sidence before admission)								
a. SIAIE D. COONTS	altimore and give nearest town)								
Parkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?								
Mt. Carmel Road . Mt. Carmel Road . Mt. Carmel Road	YES X NO Day Yest								
DECEASED (Type or print) Anna Marie Jahnke DEATH October 2	23. 1967								
F WIDOWED DIVORCED March 24,1887 80 yrs.	Days Hours Min.								
B. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY?									
Housewife Own Home Heilbronn A'N Germany U.S.A.									
August MANAGE Character Christine Bierbach 15. WAS DECEASED EVER IN U.S. ARMED FORCES. 16. SUCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes pine war or dates of service)									
No Mrs.Lillian P. Smith (Sa 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Causes Tweelelus Mrs.Lillian P. Smith (Sa	INTERVAL BETWEEN ONSET AND DEATH								
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED? YES NO								
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Coun Hour a.m. 2Dm. 19 2Dm. 2	(State)								

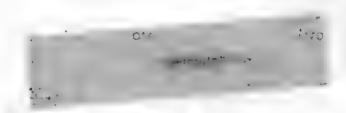
4M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on SIGNATURI PHYSICIAN'S NAME (Type) ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS 22c. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial 10/25/196'

24. FUNERAL DIRECTOR

H.W. Jenkins & Sons ((State) 23a. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) e Balto Co Md. Parkville 25a. REC'D BY REGISTRAR 25b. Sons Co

VR A15 (4) 20M 1/65



stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20c, TIME OF INJURY Month, Day, Year Hour a.m.

20d INJURY OCCURRED

20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)

Generalized Arteriosclerosis

(City or town)

(State) (County)

WAS AUTOPS PERFORMED?

NO -TT

(State)

21. I certify that (I) (this hospital) attended the deceased from Sept. 30 saw the deceased alive on October 7 22a, SIGNATURE

Dizen,

While Nat While at wark at wark

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.)

ATTENDING

PHYS

22d.

7620

19 67 to October

7 19 67, that (I) (we) last

22c.	PHYSICIAN'S NAME (Type)	Beatri	D.
_			

23b DATE THEREOF 23g BJRIAL CREMATION. REMOVAL (Specify)

ADDRESS

York Rd.

DIRECTOR

1967, and that death accurred al: 00a M, from causes and on the date stated above

PHYS.

22b. DATE SIGNED October 7.1967

Towson, Md. 21204

23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) o Tions uno No unial

24 FUNERAL DIRECTOR

ADDRESS 2

2So. REC'S BY REGISTRAR 1967 2Sb. REGISTRAR'S SIGNATURE

(County)

be retained by the heapital or attending physician. **DIRECTOR:** After 3 shauld | | with the S director, page 3 should be filed v Pag≡ 4 may FUNERAL 2 VR A15 (4) 20 M 1/66

hours after

24

carbon

remay physician and car nen please remay loval, and in any e

event

ar removal,

burial, cremation,

as the priar to l has been

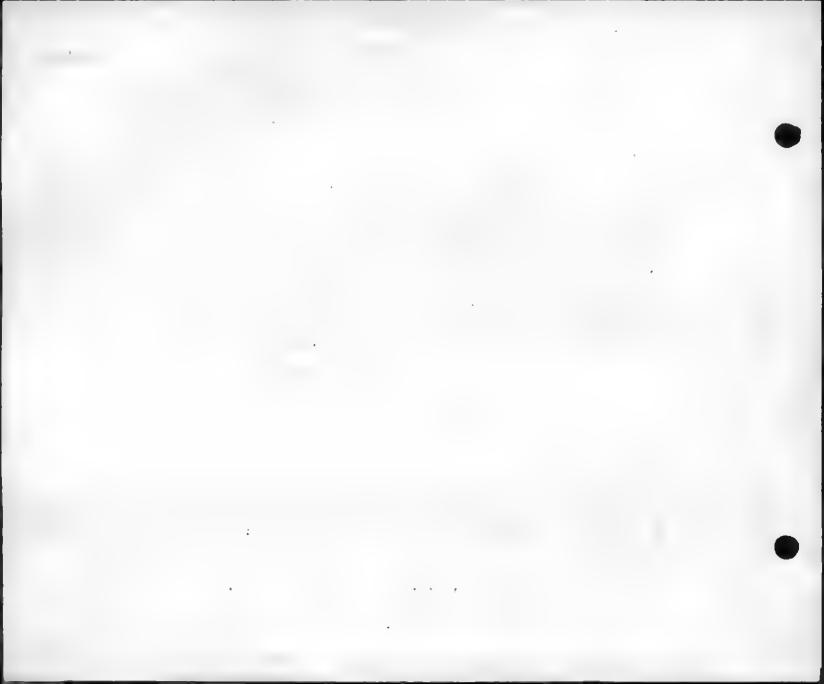
be detached far use State Demt. of Health

this certificate

permit.

signed by the burial-transit

requires that the death certificate be executed within



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13496

CERTIFICATE OF DEATH

13501

CERTIFICATI	E OF DEATH
1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. COUNTY action. C MARYLAND	a. STATE margiand b. COUNTY See Live
b CITY OR TOWN (If outside corporate limits.	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
With RURAL and give nearest town ATRISON 26 days	Boilis.
d MAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
Foxelich Kursing Home	3004 Krealind live - 15 VES NO E
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
(Type or print) Sophie 205/00	DEATH 10 - 30- 64 19
S SEX 6 GOLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 1892 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	4-12-XXXXX 75 yrs 10015 10015 10015
10a USUAL OCCUPATION (Give kind of work done during most of working ite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, ar fareign country) 12 CITIZEN OF WHAT
during most of working ite, even if retired) INDUSTRY AT HOME	RUMANTA U.S.A.
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
Milton Frenchery	UVKNOWV
Mr. 4 View	INFORMANT _ Address
(res, no, or Jinknawn) (It yes give war or dotes of service) 2/3-36-32/01/1	R. Merris Japlan - 8XXX3608 CLARKS LAV
1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	ONSET AND DEATH
793 X DUE TO	
Conditions, if any, which gave (b) (b)	
stating the underlying couse DUE TO	
fost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
ASCUO, CUA misputie	YES NO DE
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item IB.)
	ACE OF INTURY (Hame, farm, tarm, tarm, street, affice bidg., etc.) 20f (City ar town) (County) (State)
	Pula 1967 to Oct 30 1962 that (1) (we) last
sow the deceased alive on oct. 30/ 1967, and the	the death accurred at 150 M, from causes and on the date stated above
220 SIGNAJURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Lear s. There	D PHYS DIRECTOR L PHYS L
22c. PHYSICIAN'S NAME (Type) LEON C. SHEER MO	22d. ADDRESS 6715 PARK HEICHTS AUCT
23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR	
REMOVAL (Specify) BURIAL 11-1-67 MARYLAND	
24. FUNERAL DIRECTOR ADDRESS	25a. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE
OL LEVINSON & BROS. INC. 6010 REISTERSTOW	N ROAD DATE NOV 6 1967 Achanles Judges

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fifted up by the funerel director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban, papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after desta Page 4 may be retained by the haspital ar attending physicinn. VR A15 (4) 25M 1/67



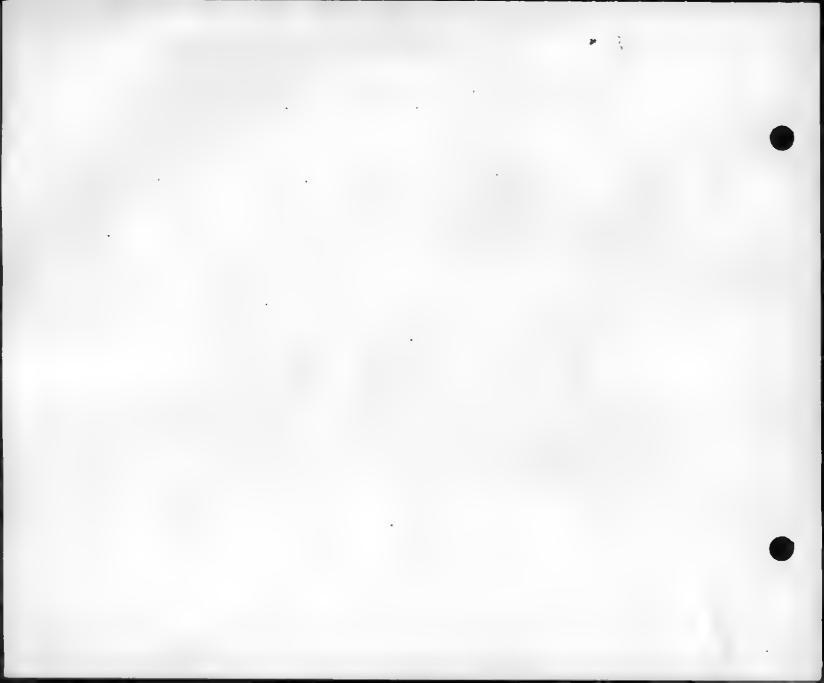
MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely hold in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or rememal, and in any event, whim 12 hours after death.

> VR A15 (4) 15M 4-64

	Thomas D. R.	11m 398 ; MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	
		STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
3 5	7.98 .	CERTIFICATE OF DEATH	13503

1. PLACE OF DEATH BALT TRUPE COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY / D. A. / / A. / A
CATONVILLE, DALTO MARYLAND	M.D. / 1915/10/1
b. CITY OR TOWN (if outside corporate limits, / c. LENGTH OF STAY IN 1b write RURAL 30d give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DAZTIMORE 1212	SALVO. MIS. d. STREET ADDRESS 6. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
CATON RIDGE NURSING HOME	BAY BY LES MODE YES NO DE
3. NAME DE First Middle	Last 4. DATE Month Day Year
(Type or print)	VERME DEATH 10 196/
7. MARKIED THEYER MAKKIED	8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS. Hours Min.
WIDOWED DIVORCED	12/7/0 57 yrs.
1Da. USUAL OCCUPATION (Glyk kind of work done during most of working life even if retired) INDUSTRY	11. BIATHPHACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LIDAMIN	BANO. 170. 43.N.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	IMPOPMANT / Address //
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/ (Yes, no, or unknown) (If yes give war or dates of service)	Address 222
UNKNOWN 014-34-2613)	ANIM THEM DOS TAKLEY FANG
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:	2 bouts
DUE TO	•
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
PART D. O'MER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERTURNED
Triboriosc trot	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DRED. (Entor nature of injust in Part 1 of Fart it of Rem 20.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLJ Hour a.m. While Not While at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1960, to 10/15, 1961, that (I) (we) last
saw the deceased alive on (0/15 1967, and tha	t death occurred at Sco PM, from the causes and on the date stated above.
112 12 - 1201	ATTENDING MED. STAFF
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. DI / D / D
NAME (Type)	HVIEW LONE Elligot City, md
23a. BORIAL, CREMATION, 23b. DATE THEREOF 25c. NAME OF GEMETER	Y OR CREMATORY / Z3d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Charlet VIII (BL+) THICK IN (A)	Mariel/Athie// BAI IM A WIND
24. FUNERAL DIBLETOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
June 2111 Promatte Williams Alle	8 MM /DATE OCT 17 1987 ycharley Judge
V v F' (ab nc) L. (12. Fib.	
a distribution of the state of	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13498 13504 CERTIFICATE OF DEATH within 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission e o. COUNTY o. STATE b. COUNTY Balto. Maryland Bol-to. MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURA, and give nearest tawn) c. LENGTH OF STAY IN 16 Balto. d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS ON A FARM? Shady Nook Nursing Home NO DE Gwyn Oak YES NAME OF First Middle DATE Day DECEASED complete event Type or print) DEATH October Clinton 9 Johnson requires that the death certificate be executed S. SEX AGE IF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH (In years last birthday) Manths Haurs or removal, and in any April 16, 1880 WIDOWED DIVORCED Mala Cauc. 11. BIRTHPLACE (County & State, or foreign country) 1Da USUA, OCCUPATION (Give kind of work done ID6 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if refired)
Denaist INDUSTRY COUNTRY? Maryland U.S. n. 14. MOTHER S MAIDEN NAME 13. FATHER S NAME Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. 214-38-4647A Carroll C. Woodrow 2621 Longwood Dr. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c)." signed by the burial-tronsit PART .. DEATH WAS CAUSED BY **CONSET AND DEATH** IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO for use as the l Health prior to b stating the underlying couse hos been 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO certificote O HOSPITAL OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18.) be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (Stote) Haur a.m. Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After at wark at wark 21. I certify that (1) (this hospital) attended the deceased from 19 6 7, to 10 19 6 7 and that death occurred at 5 P. M. from causes and an the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Dr. D. C. MacLaughlin 303 N. Rolling Rd. Balto 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) Burial (Specify) Loudon Park Cemetery Balto. Md 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D BY REG STRAR VR A15 (III 1967 25M 1/67

4101 Edmondson Ave. Balto. Md



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
~=		13500 CERTIFICATE	OF DEATH	18805
funeral less than the state of	1	COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed fived, if institution Residuo. STATE December 11 12 12 12 12 12 12 12 12 12 12 12 12	,
though the		write RURAL and give nearest tawn) CALLES VILL NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give street address)	Battimore d STREET ADDRESS	e IS RESIDENCE
		Md. Masonic Home	2751 marylandare	YES NO Z
campletely nave carban ty event, wit	[AME OF ECEASED (Profit) Qda Made Masse 15	Last OF DEATH Cotober	Day Year 9 1967
and camp remave n any eve	S :	7e Uhite WIDOWED DIVORCED .	Moramber 17,1887 79 yrs Months	
cian ease and i	duri	JSUAL OCCUPATION (Give kind of work done g mast of working life, even if retired) A CUSE WITE	Baltimore, md.	CITIZEN OF WHAT COUNTRY?
v a		ratter 7. B. Nessels	14. MOTHER'S MAIDEN NAME Anna M MICKLE	
by the attending phy transit permit. Then crematian, or remava		ng, or unknawn) (If yes give war or dates af service) 2/3 - 03 - 5399 \	e cords of md. Masoni	
ansit prematic		TB. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	esternocchemo	ONSET AND DEATH
signed by the burial-transit burial, crema		Conditions, if any, which gave (b) 2 arterior Clera (b) 2	be heart desease	
		stoting the underlying couse (c) 3 Confet Cire 1	Ceart Clercase.	
cate has b ar use as Health pric	CATION	PART II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO T		19 WAS AUTOPSY PERFORMED? YES NO
is certificate fached far us dept. af Healt	A CERTIFICATION	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Port II of item 1B.)	
DIRECTOR: After this certificate has been je 3 shauld be detached far use as the ed with the State Dept. af Health prior ta	MEDICAL	Hour a.m. 19 While Nat While factor	ary, street, affice bldg., etc.)	County) (State)
CTOR: Aft should by oth the St			death accurred at 11.45 AM, fram causes and an	
DIRECT 3e 3 sh led with		220. SIGNATURE Mushed Heavel Mm.	ATTENDING MED STAFF	DATE SIGNED
TO FUNERAL DIRECTOR: director, page 3 shauk shauld be filed with the		22c. PHYSICIAN'S NAME (Type) JAMSHII) HAMED. MIS	MASON ICHONE, C	a Keys VCG
direct shau	230	BURIA, CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR C REMOVAL (Specify) 16-5-67 Must Red	les Cemetras le besullo.	(County) (State)
VR A15 (4)	14	FUNERAL DIRECTOR Cook-Blooks Towan Towan Colorson C.	apct 6 1967 250 REGISTRAR 250 REGISTRAR	s signature

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13501

FOR STA HIDEPI

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with fargo-RM3. Pag

5 may be retained for your files.

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

MEDICAL EXAMINER:

TO DEPUTY

VR A15ME (5)

This certificate shauld be executed within 24 hours after death 16

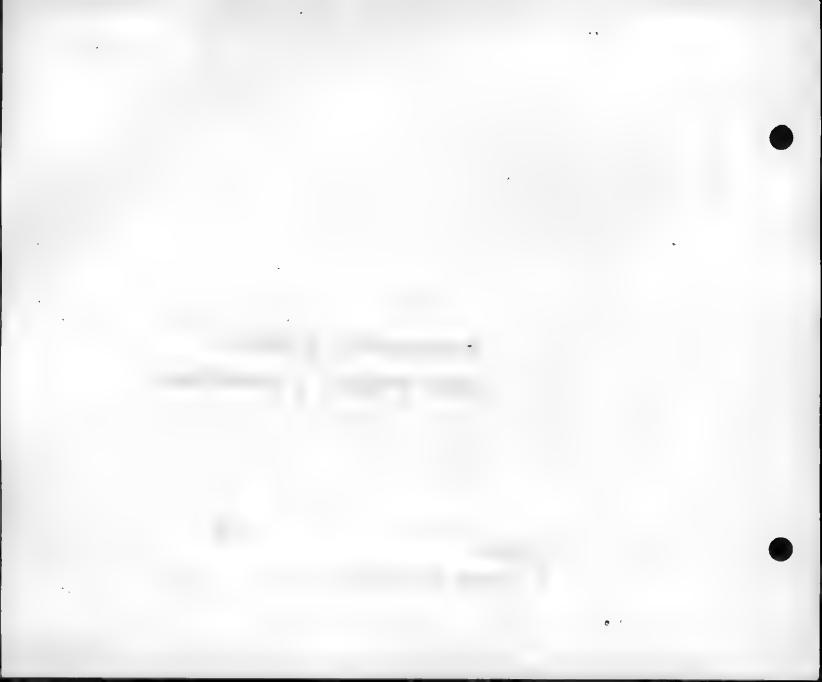
, 2, and 3 ta

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	DI LET OF BEATH		II a HELIAL DECIDENCE (Mr.	(h-(
1	PLACE OF DEATH a COUNTY Baltimore	2 USUAL RESIDENCE (Where deceased ived, if institution Residence before admission) o STATE Maryland b. COUNTY Baltimore				
		MARYLAND C LENGTH OF STAY IN 16				
	b CITY OR TOWN (If outside corporate 1 mits, write RURAL and give negrest town)		utside corporate imits, write RURAL and a	give neorest fown)		
	Essex (21) XXXXX			Page Chase (20)		
	d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospit	tol, give street oddress)	d STREET ADDRESS		e IS RES DENCE ON A FARM?	
	C.1407 Eastern Avenue	Box 324,	Birdale Road	YES NO		
3	NAME OF First	Lost	4 DATE Month	Doy Year		
	(Type or print) JOSE PH	JONES	DEATH October	15. 19 67		
5	SEX 6 COLOR OR RACE 7, MARR	IED NEVER MARRIED KOK	8. DATE OF BIRTH	9 AGE (In years IF JND	ER 1 YEAR FUNDER 24 HRS	
П	Male White WIDOW	VED D.VORCED	9/9/55	lost burthday) Months	Doys Hours Min	
10	to USUAL OCCUPATION (Give kind of work done) 1D	b KIND OF BUSINESS OR	11 BiRTHPLACE (Stote		CITIZEN OF WHAT	
dı	uring most of working life, even if retired)	INDUSTRY	Baltimon	re. Md.	COUNTRY? USA	
1	3 FATHER S NAME		14 MOTHER'S MAIDEN			
	William A. Jone	e i'r	Edne M	cVicker		
1	S WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address		
((If yes give wor or dotes of service)	Mone	4374 4 3			
-	18 CAUSE OF DEATH (Enter on y one couse per line		illiam A. Jo	ones, Jr. Same	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	Electrocution			ONSET AND DEATH	
,	Collection Cause (a)	Frecciocacton			-	
	Candidians of any subush nave 3					
	rise to immediate couse (a),			 		
	storing the underlying couse					
	, , , , , , , , , , , , , , , , , , , ,	A C TO ROLL IN THE DELIVED TO	THE TERMINA D CLASS CO.	A.D. T. Oki, C. Mari, Int. Da.D.T. 1(-)	19 WAS AUTOPSY	
CFRTHICATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	ND FON G VEN IN PART T(a)	PERFORMED? YES NO	
1	2Do EXTERNAL CAUSE WAS 2Do	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury n	Port Lor Port Lof tem 18)		
		lectrocuted by 1	11.000 volt	Railroad Line		
MFD1CAL	2Dc T ME OF INJURY Month, Doy Year 2D	Od N. JRY OCCURRED 2De PLA	CE OF INJURY (Hame, form	n 20f (City or town) (County) (Stote)	
MFD	4:51 pm. 10/15 1967 of	wark of work Rai	tory street, office bldg etc. 1 Road Trac	ks Twin River, B	SAAA Md.	
	21. I certify that I taok charge of the				and n my ap n on	
	death resulted fram: Natural causes		ide Hamicide			
	asam resonadardin, indibidi capses	Accident [A], Soit	CH EF MEDICAL		L_ :	
	ACTUAL // CRAIR /-	571-		DICAL EXAM NER X	22. DATE SIGNED	
	SIGNATURE (COLLEGE)	1/~	/#1 U		/16/67	
	EXAMINER'S Werner U. Spit	z(, M.D.)		t, city town, or county)	10/07	
2	BO BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)	
	BUNIAL (Specify) 19/18/67	Glen Haven	Cemeterv	Glen Burnie, Md		
K	24 FUNERA DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR"		
Bı	guzdzinski Funeral Home	1407 Eastern Ave.	. DATOC	T 19 1967 Schon	les Juige	
	yayan zaroza zaroz eny promo a		9 11110	. 4 9 1001	* /1 //	

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Gill Heist "



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFIC PLACE OF DEATH a. COUNTY BALTIMORE MARYLAI b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1 hadrs ag O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

10a USUAL OCCUPATION (Give kind of work done

WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dates of service

during most of warking life, even if retired)

Canditions, if any, which gove nse to immediate couse (a),

stating the underlying cause

200 ACC DENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20c TIME OF INJURY Month, Doy, Year Haur a m.

saw the deceased alive an

22o. SIGNATURE

22c. PHYSICIAN'S

23a. BUR, AL, CREMATION REMOVAL (Specify)

24 FUNERAL DIRECTOR

NAME (Type)

uvrial-transit permit. Then please remave carban paper burial, cremation, or remaval, and in any event, within \$2

physician and campletely en please remave carban

signed by

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the 3hauld be filed with the State Dept. of Health priar ta

be retained by the haspital

Page 4 may

VR A15 (4 25M 1/67

00

NAME OF

DECEASED

(Type or print) S. SEX

13. FATHER'S NAME

CERTIFICATION

MEDICAL

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)

GRANVILLE

6. COLOR OR RACE

TOHN

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO

DUE TO

(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE

21. I certify that (I) (this hospital) attended the deceased from

23h DATE THEREOF

KATHERINE

7 MARRIED

WIDOWED

10b. KIND OF BUSINESS OR

20b. DESCRIBE HOW INJURY OCCU

ADDRESS

23c NAME OF CEMETERY OR CREMAJORY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AL RECORDS, SOT II. I RESTO	It SINKE, MARINIC	ME, MARTERID 21201		
CERTIFICATE	OF DEATH		13508	3
MARYLAND	2 USUAL RESIDENCE (V	Where deceased lived, if institution h. COU	tion: Residence bel	
c LENGTH OF STAY IN 16	CAT	tside carparate limits, write RL	IRAL ond give neor	est tawn)
ital, give street oddress)	d STREET ADDRESS	G-RANUILLE	RD	e S RESIDENCE ON A FARM? YES NO S
	NAGH	DEATH	27. 3	oy Year
RIED NEVER MARRIED WED DIVORCED	OCT. 27,18	9 AGE (In years lost birthday) 77 yrs	Months Doys	
Ob. KIND OF BUSINESS OR INDUSTRY G.		& State, or foreign country) > -	12 CITIZEN COJNTRY	
KAVANAUGH	14 MOTHER'S MAIDEN N	VAME GET MURRA)	
16. SOCIAL SECURITY NO 12 1	NFORMANT And Karasea	3h-1145 By	ess	A.
ne for (a), (b), and (c).)		7		NTERVAL BETWEEN ONSET AND DEATH
ABDOMINAL		marchill	,	NISCY AND DEATH
TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	EDITION GIVEN IN PART I(0)]1	9 WAS AUTOPSY PERFORMED? YES NO
Db. DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in I	Port I or Port 1 of Item 18)		
	E OF INJURY (Home, form ary, street, office bldg., etc.)		(Caunty)	(Stote)
ttended the deceased from	1//	9 60, to 10/3	0, 1967,	that (i) (we) la
19 <u>67</u> , and that	death accurred at	Has M, fram/causes	and an the de	
lary ME	ATTENDING PHYS 22d ADDRESS	MED STAFF DIRECTOR PHYS] /d/	31/67
Plantun	5-	7.4-	/	- A

250 REC'D BY REGISTRAR

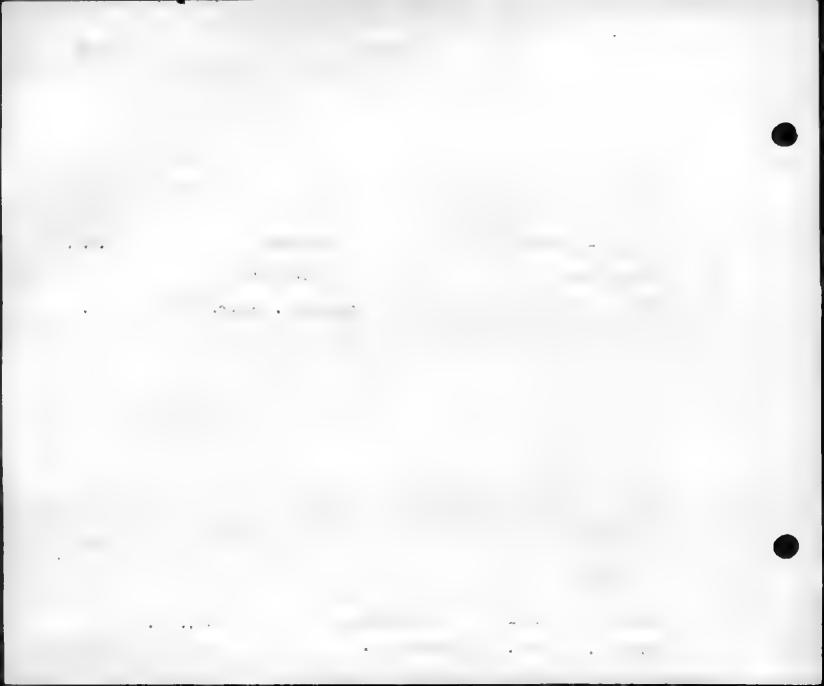


_ 1 /	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 22 #	Item #9 Film CERTIFICATE OF DEATH 13509
fumer deat	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission and COUNTY) 3. COUNTY
章 24年1	Baltimore MARYLAND MARYLAND & Jaruland & Utimore
by the Pages are after a fire after a fire after a fire a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Towson 03.1
4 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
at a then dispused by the attending physician and completely fill use as the burial-transit permit. Then please remove carbon paralth prior to burial, cremation, or removal, and in any event, within	Greater Baltimore Medical Center Lock aven Llvd.
a see	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED , OF
event.	(Type or print) HAZEL harrison KEEN DEATH 10 19 19 67
and in any event	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder 1 Year Funder 24 Hr
ā	Perilate Cauc. WIDOWED X DIVORCED 2/29/90 77 76/yrs.
	10a. USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR UNITED TO LINDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Own Home Paruland (Sr.
,	13. FATHER'S NAME Issac Harrison 14. MOTHER'S MAIDEN NAME
	Ya44
5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
ion, or	No None Family records
cremation, or removal,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
berjar, cre	PART I. DEATH WAS CAUSED BY: Pulmonary emboli
	DUE TO
	Conditions, If any, which gave rise to Immediate (b) Peritonitis
	cause (a), stating the PUE TO
	underlying cause last.) (c) Carcinoma of colon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
١	PERFORMED
1	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES X NO [20a, ACCIDENT WAS UNDERLYING] OR CONTRIBUTING] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Trible — Journal of the control of t
	21. I certify that (I) (this hospital) attended the deceased from 8/25, 1967, to 10/19 1967, that (I) (we) la
П	saw the deceased alive on 10/199.67, and that death occurred at 3:35 M, from the causes and on the date stated above
	22a. SIGNATURE 22b. DATE SIGNED
	M.D. ATTENDING MED. STAFF 10/19/67
	22c, PHYSICIAN'S 22d, ADDRESS
	NAME (Type) John E. Adams, M. D. Greater Baltimore Medical Center
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	urial (specing) Oct. 21, 1967 voodlawn (Emeter) woodlawn, salto. O. d.
	244 FUNERAL DIRECTOR ADDRESS)25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	your / Sums your Solowy DATE OCT 23 1967 ochenday Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13510 The low requires that the death certificate be executed within 24 hours after death. and USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral nove cafeton papers. Pages I and y event, within 12 hours after deal PLACE OF DEATH BALT, MONE a. STATE b COUNTY A Maryland
c. CITY OR TOWN (If outside corporate innets, write RURAL and give nearest town) a. COUNTY Towson MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)
Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph Hospital 1527 Winston Road #21212 YES 🔲 NO 🚾 NAME OF First Lost 4. DATE Year DECEASED Catherine Keller October 10. 1967 M. DEATH Type or print) AGE (In years IF JNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED remove lost birthday) Months Doys HOURS 8-19-1890 Female White WIDOWED DIVORCED and 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. C T ZEN OF WHAT during most of working life, even if refriedly for Rotlred Housewife PUNSRYA. INDUSTRY physicion (en pleose eose Maryland 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME signed by the attending physi buriol-transit permit. Then pl buriol, cremotion, or removal, Julia Butler Robert Stack IS WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no prunknawn) (If yes give war ar dates of service) Kathleen C. Keller, 1527 Winston Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
Lobar pn INTERVAL BETWEEN ONSET AND DEATH Lobar pneumonia. Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be detoched for use as the State Dept. af Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🛣 NO 20o ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Manth, Doy, Year (City or town) (County) (Stote) factory, street, affice bldg, etc.) Haur am. Not While at work L 21. 1 certify that (+) (this hospital) attended the deceased from 10-10-, 1967, ta 10-10-, 1967, that (4) (we) last saw the deceased plive pn 10-10- 1967, and that death accurred of 11:30M, from causes and an the date stated above 22a. SIGNATURE. 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS October 10, 1967 22d. ADDRESS 22c. PHYSICIAN'S director, po Reynaldo Or juela - Gomez, M.D. 7620 York Road, Towson, Md. 21204 23a BJRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BRIMOVAL (Specify) 10-14-67 New Cathedral Balto., Md. Leonard J. Ruck, Inc., 5305 Harford Rd. 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



In 1 ,800 ţ

24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages havely be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within.

to Hospital or attending physician: The low requires that the death certificate be executed within

Page 4 may be retained by the hospital ar attending physician.

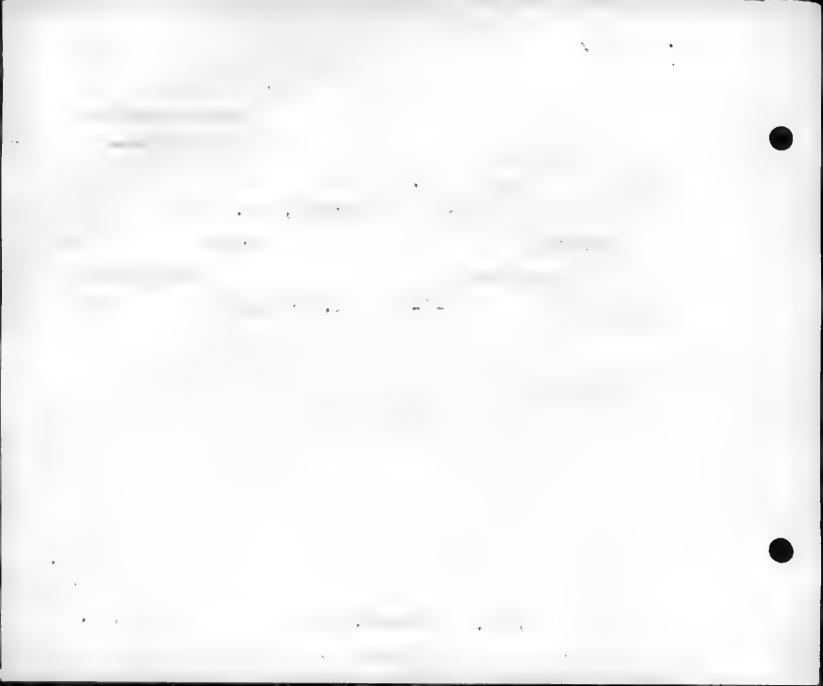
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	o COUNTY Baltimore MARYLAND	a STATE Md. (Where deceased lived, it institution, Residence before admissing)					
-	b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
	write RURAL and give georest town)	Baltimore fixfic 21218					
F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?					
L	Armacost Nursing Home	1504 Lakeside Avenue YES NO 2					
3	NAME OF FIST Middle DECRASED (Iyoe or print) Lillian E	Lost 0. Month Doy Year Of DEATH October 1/ 1967					
-	(Type or print) SEX 6 COLOR OR RACE 7, MARRIED 8	DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS					
12	The second secon	arch 6, 1882. Of yrs Months Doys Hours Min.					
	Od JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
ľ	uring most of working life, even if retired) HOUSOWILE INDUSTRY	Maryland USA					
Ī	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
	John Eckardt	Elizabeth Silkman					
	Yes me on interesting (Offices when a dates of somical	NFORMANT Address					
	No 511-111-2100 W.	s. Oscar Hessler (Same)					
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH					
	4201 DIE 70						
	Conditions, if any, which gove) BI PRIERIO SCLEROTIE CV DISEASE VOYEARS +						
	nise to manuel coase (a).	lise to tribille did a coase (o).					
	lost. (c) Itrizricscie	RUSIS-GIENEICHLIZED "					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	DEDECORATED 2					
CATION	HEMIPLIEGIA - CEREISIZI	PLTHROM BUSIS, OLD YES NO E					
OCD TAL	E 1 206 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED. { OR CONTRIBUTING ☐ CAUSE OF DEATH OF FITHER MOTIES MEDICAL EXAMINED.	Enter noture of injury in Port I or Port II of item 18.)					
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f (City or town) (County) (State)					
186	Hour a.m. 19 While Not While of work 19 of work	ory, street, office bldg, etc)					
	21. I certify that (f) (this haspita) attended the deceased fram	UL 1966. to OCI 4, 1961, that (1) (Ne) last					
	saw the deceased alive an SEPT 21 1967, and that	death accurred at 9100 M, fram causes and an the date stated above.					
	220. SIGNATURE	ATTENDING MED STAFF 22b DATE SIGNED					
	22c PHYSIQAN S	PHYS DIRECTOR PHYS 10/L/67.					
1	NAME (Type) ARTHUR KARFCIN M.E	CRONGOVANOOD RORD					
2	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR C						
1	Burial 10/7/67. Baltimore, W.						
	24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE					
7	Leonard J. Ruck, Inc Baltimore, M	d. DATE OCT 5 1987 yellandas years					



Pages 1 and 2 urs after death. the funeral

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faced in by

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13508	CERTIFICATI	OF DEATH	ML, MARILAND 21201	13513
1	PLACE OF DEATH		2 USUAL RESIDENCE (V		tion Residence before admission)
	O. COUNTY BALTO	MARYLAND	o STATE	b. col.	BALTO
	b CITY OR TOWN (if outside corporate limits,	C LENGTH OF STAY IN 15	CHTY OR TOWN (If ou	tside corporate limits, write RL	
	write RURAL and give nearest town)		EAST FOLK		
\vdash	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	nive street oddress)	d. STREET ADDRESS		e IS RESIDENCE
	524 FAIRVIEW			CODWARD	ON A FARM? YES NO
3.	NAME OF First DECEASED	Middle	Last	4 DATE Mor	nth Doy Year
	(Type of print) MINNE	C. KIRCKHO) FF	OF DEATH OC7	25 1967
S	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years lost birthdoy)	Months Dovs Hours Min.
L	F W WIDOWED	DIVORCED [AFR. 24.18	384 83 pr	Months Doys Hours Min.
		IND OF BUSINESS OR	11 BIRTHPLACE (County)	& Stote, or foreign country)	12 CITIZEN OF WHAT
du	ring most of working life, even if retired)	NDUSTRY	BALT	MO	COUNTRY?
T	FATHER'S NAME		14. MOTHER S MAIDEN I		1
	JOHN AULT	•	ANNA	RUBUPELL	7
1	WAS DECEASED EVER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO. 17	INFORMANT	Add	
10	(es, no, or unknown) (If yes give wor or dates of service)		HELMA GO	UFR 52	-4 FAIRVIEW
F	18 CAUSE OF DEATH (Enter only one couse per line for				USCASO INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b). [bost.]	fare of a			
TION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Port 1 of Hern 18)	,
MFDECAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a m. While of wor	Not While for	ICE OF INJURY (Home, form tory, street, office bldg , etc.)		(County) (State)
П	21. I certify that (I) (this hospital) atten	ged the deceased fram _	10/20 1	967, to 10/2	5 , 1967, that (1) (we) la
ı	saw the deceased olive on	2 19 6 7, and the	it death occurred at,	3 29 M, from couses	and on the date stated abov
	220. SIGNATURE	M	ATTENDING -	MED STAFF DIRECTOR PHYS	226 DATE SIGNED 67
	22c PHYSICIAN'S NAME (Type) B. M. Oteyza, 1	M. D.	22d ADDRESS 1012 Old	North Point R	lead 21224
2	BO. BURIAL, CREMATION, REMOVAL (Specify) 10/28/67	23c NAME OF CEMETERY OR	CREMATORY W N	23d LOCATION (CHY or TO	own) (County) (Stote)
	4. FUNERAL DIRECTOR	ADDRESS	2So. RECE		EGISTRAR'S SIGNATURE
L	J. G. CONNELLY S	ons 300	MACO DAM []	3.0 1967 8	Charles Judges

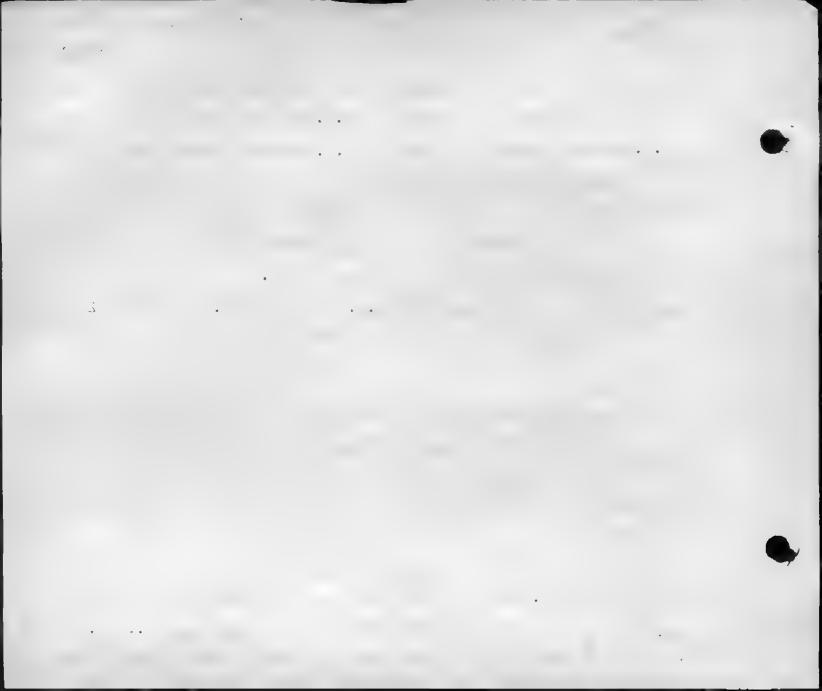
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove corban shauld be filed with the State Dept. af Health prior to burial, cremotion, or removal, and in any event, wit VR A15 (4) 25M 1/67

Page 4 may be retained by the hospitol or attending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH UU 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution, Residence before admission) a. COUNTY director, Page of Health, a STATE b. COUNTY files. BALTIMORE MARYLAND BALTIMORE 21219 b. CITY OR TOWN (if outs'de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Anox PENWOOD TERRACE d. STREET ADDRESS 695 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? State death. PENWOOD P.O.BOX YES NO If any 3. NAME OF DECEASED OF 3 to the (Type or print) DEATH WALTER 19 KIRSCHNER within 24 hours after death with 's afte 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. Pages 1, 2, and 3 to M3. Page 5 may begges 1 and 2 with within 72 hours of B. DATE OF BRITH 9. AGE (In vaars last birthday) Hours Min. FEMALE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) HOUSEWIFE VIRGINIA USA File pages 1 PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give UNK. event CLAUDE WALTER form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yas, no. or unkown) { (If yas give war or datas of service) with NO 219/28/9233

18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] AS ABOVE INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) certificate should be DUE TO removal, Conditions, if any, which (b) "pending" Examiner's (gave rise to Immediate cause DUE TO (a), stating the undarlying causa last, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,811 19. WAS AUTOPSY CERTIFICATION the Chief Medical Ex R: Page 3 should be u rior to burial, crematic PERFORMED? Word NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED/ (Enter nature of misery in Part I or Part I, of Itam 18 1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 20f. (City or lown) (County) (Slata) factory, street, office bldg., atc.) While Not While Hour a.m. prior at work at work p.m. should be forwarded to the FUNERAL DIRECTOR: Inspection K 21. I certify that I took charge of the remains described above, held an Autopsy ! Inquiry and in my opinion designated agent, death resulted from Natural causes K Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) REMOVAL (Specify) Q 40 P OAKLAWN: CEMETERY BALTIMORE CO MD.
BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR ! VS. ATSME 5M 9/60

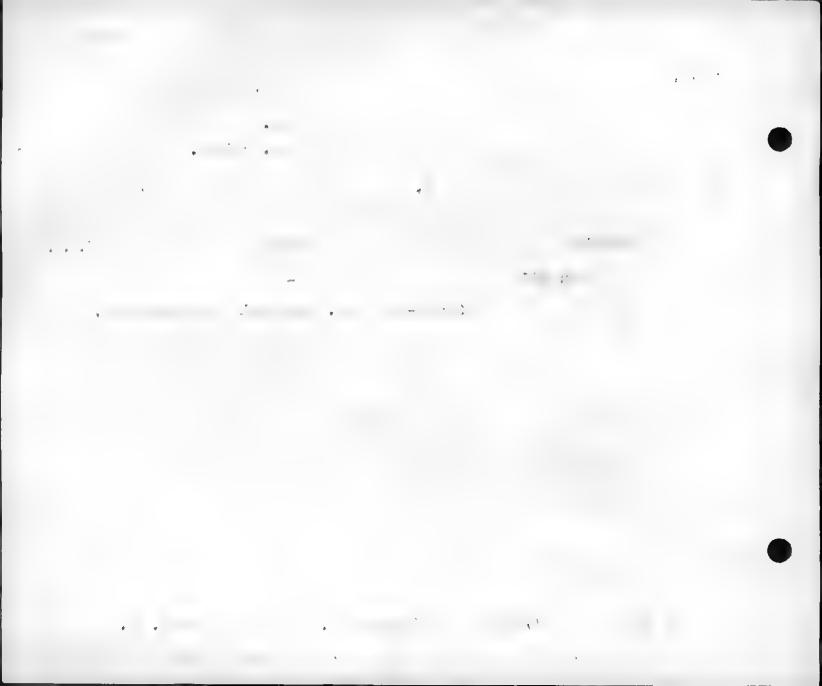


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201
TERMS #7, SETTIFICATE OF DEATH

13515

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE Baltimore. MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Balto. owson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 350I St. Paul St. West Koad (Dulaney-Towson N.H NO 🛣 NAME OF Middle 4 DATE Manth Year DECEASED orett 19 (Type or print) enk DEATH SEX AGE 1F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH n years last highday) Jan. 16. 1889 emale WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during the of working even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hall IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknowπ) (If yes give war ar dates of service) Mr. Hall Klenk IO6 Midhurst Rd. I2 ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per ang for (a), PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Haur a.m. factory, street, office bldg., etc.) at wark at work 21. 1 certify that (1) (this haspital) attended the deceased from _______ †a 19 6 7, and that death accurred at 2: AM, fram causes and an the date stated above. saw the deceased alive an. 22a SIGNATURE DIRECTOR PHYS CIAN 22d **ADDRESS** NAME (Expe 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) Baltimore Cem. Md 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Ruck, Inc Baltimore, Md.

requires that the death certificate be executed within 24 hours after death funerol paper Ē In ony pup cremation, ar removol, and the signed by the burial-transit buriol. detached for use as the te Dept. of Heolth prior to has been O HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DIRECTOR: After this certificate be retoined director, page 3 should should be filed with the VR A15 (4)



13511

FOR STATE

TO FUNERAL DIRECTOR: Page 3 should be mised on me buriol-fromsit permit file pages land 2 with thin state Defortment me

Mealth prior to burial, cremation, or remaivel, and in only event within 711 hours after death.

the funeral director. Page 4 should lie forwarded to the Chief Medical Examiner's Office along with form

mecessory, please emecute the certificate, writing the word "pemding" in pencil in Item 18 Give Pages.

TO DEPUTY MESTCAL EXAMINER:

5 may be retained for your files

VR A15ME (5)

This certificate should be executed with n 24 hours after death. If

any delay is , 2, and 3 to p. PM3. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13516

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH				Yhere deceased lived, if institution: Re	sidence before admission)
Baltimo	re	MARYLAND	" Maryland	1 B COUNT	
b CITY OR TOWN (If or write RURAL and giv		c LENGTH OF STAY IN 16	c CTY OR TOWN (If ou	tside corporate imits write RURAL and	give necrest rown) 🗸
Towson	e nedlest lowil)	NONE	Baltimor	:e	
d NAME OF HOSPITAL O	R INSTITUTION (If not in hospita	ol, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
Amoco Stat	ion - Taylor &	: Loch Raven	30th Stre	et 1833 E.	YES NO
3 NAME OF DECEASED	First	Middle	Last	4 DATE Month	Doy Year
(Type or print)	ROBERT	Ε	KNOX	DEATH October	29, c19 67
S SEX	COLOR OR RACE 7 MARRIE		B DATE OF BIRTH	9 AGE (In years IF U)	DER I YEAR IF UNDER 24 HRS
Male	Negro WIDOWE	البيا	6-8-1933	last hathday) Man	
10a USUAL OCCUPATION (Given the	ve kind of work done 10b	K ND OF BUSINESS OR INDL <u>S</u> TRY	1) BIRTHPLACE (State	or foreign (country)	2 CITIZEN OF WHAT COUNTRY?
ATTENDANI	A	MOCO STATION		PON, N.C.	U.S.A.
13. FATHER S NAME			14. MOTHER'S MAIDEN N	IAME	
		SR.		SIDEBERRY	
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	U.S. ARMED FORCES? 1 1 Pes give war or dates of service)		INFORMANT	Address	
		Mr	. Walter F	Rhen 6901 Loc	k Raven Blv
18 CAUSE OF DEATH PART I, DEATH W	(Enter only one couse per line				ONSET AND DEATH
i v v c	IMMEDIATE CAUSE (o)	mopericardium			GISET AID DEATH
	DUETO Stab wound of chest involving the heart				
Canditions, if any, wh	use (a)				
stoting the underlyin					
last) (c)				
PART I OTHER SIGN F 200 EXTERNAL CAUSE PRIMARY IX OF CONTRI CAUSE OF DEATH	CANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO	THE TERM WAL DISEASE CON	DIONG VEN N PART 1(a)	19 WAS ALTOPSY PERFORMED? YES HO
200 EXTERNAL CAUSE PRIMARY DOOR CONTRI	WAS 20b	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Port I or Part II of tem 18)	
	DOTATO L	Stabbed during	a fight		
20c TIME OF INJURY Hour am.	,		CE OF INJURY (Hame, farm	20f (City or town)	(Caunty) (State)
					(/)
₹ 3:00 Hour a m. πm.	10/29 19 67 at w	vark Amoc	tary, street, affice bldg , etc.)		
p.00 xx	10/29 19 67 at w	vark X at wark Amoc	tary, street, affice bldg , etc.) O Station		altimore, Md.
p.00 xx	10/29 19 67 at what I took charge of the I	remains described above, he	tary, street, affice bldg , etc.) O Station	Inspection , Inquiry [altimore, Md.
21. I certify the death resulted	10/29 19 67 at what I took charge of the I	remains described above, he	o Station eld an Autopsy X,	Inspection, Inquiry [X], Undetermined manner	altimore, Md, , and in my apn or
21. I certify th	10/29 19 67 at what I took charge of the I	remains described above, he	o Station eld an Autopsy X, chief Medical CHIEF MEDICAL	Inspection, Inquiry [X], Undetermined manner	altimore, Md.
21. I certify the death resulted ACTUAL SIGNATURE	10/29 19 67 at what I took charge of the I	remains described abave, he Accident [], Suice	o Station eld an Autopsy X, cide , Hom cide CHIEF MEDICAL M D ASSISTANT MEDICAL DEPLTY MEDICAL	Inspection , Inquiry (Inquiry (altimore, Md. d and in my apn or
21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) W.	10/29 19 67 atw nat I took charge of the I fram: Natural causes erner U. Sputz	remains described abave, he Accident [], Suice	o Station eld an Autopsy X, cide , Hom cide CHIEF MEDICAL M D ASSISTANT MEDI DEPLTY MEDICA Address (Street)	Inspection , Inquiry [Inquiry [altimore, Md, _, and in my apn or
21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	10/29 19 67 at water took charge of the infram: Natural causes Lucy Learner U. Spitz	remains described above, he Accident , Suice	o Station eld an Autopsy X, ide J, Hom cide CHIEF MEDICAL MD ASSISTANT MEDICAL Address (Street, CREMATORY Ham PL.	Inspection, Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry [Inquiry	altimore, Md,], and in my ap n or 22. DATE SIGNED 10/29/67 (County) (State)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13517

	13512		CERTIFICATE	OF DEATH				
1.	PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived, if inst	itution Residence	e before admission)	
ı	O. COUNTY BALTIMORE		MARYLAND	Maryl	_ b. (OUNTY	TIMORE	
Г	b. CITY OR TOWN (If outside corporate imits,		c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write			
	Write RURAL and give nearest town) BALTIMORE			1200 BA	LTMORE	MD.		
	d NAME OF HOSPITAL OR INSTITUTION (If not in	nospitol, g	ive street address)	d. STREET ADDRESS			e IS RESIDENCE	
(FREATER BALTIM	ORE	MED. CENTER	1200 T	UGWELL	DR.	ON A FARM? YES NO X	
3	NAME OF FIRST		Middle	Lost		lonth	Doy Year	
L	(Type or print) Julia		B	OCHER	DEATH OC	tober	21 1967	
5	0.	WARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthday)	F UNDER I	YEAR IF UNDER 24 HRS Days Hours Min.	
L	Famale WAU. W	IDOWED	DIVORCED [2-11-87	80 Yrs			
10 du	o USUA: OCCLPATION (Give kind of work done iring most of working life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	y & State, or fereign country)		ZEN OF WHAT	
L	KETIRED B FATHER'S NAME			//			4.51	
I R		4		14. MOTHER'S MAIDEN				
	MATHEW BAZE			KYXX805XXX-X	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ine Sche	eick	
	s. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of serv	41	4 4 4	INFORMANT		ddress		
Ţ,	NO	01		ATIENT	SEHART	·		
	18 CAUSE OF DEATH (Enter only one couse pe	r mae for	(a), (b), and (c))		1		INTERVAL BETWEEN ONSET AND DEATH	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	10	Mucha.	at it	1 1/2 W		ORSEL RAD DEATH	
П	DUE TO							
	(conditions, if only, which gove) (b) Liver + Deritoned melastary							
	rise to immediate cause (a). Stating the underlying cause DUE TO							
П	last. (c)							
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19 WAS ALTOPSY	
CERTIFICATION		F. "	Wimbel	hlehitu	(345)		PERFORMED?	
12	20o. ACCIDENT WAS UNDERLYING	20b DE:	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury of	Port I or Port II of item 18))		
	OR CONTRIBUTING (**) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		J		, ,			
		20d IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 20f (City or town) (Cou	nty) (Stote)	
MFDICAL	Hour o.m.	While	Mat While [foo	tary, street, office bldg , etc		,		
	p.111,	of work		7-19	1961, to 10 2	-/ 19 (7that (I) (wa) ta	
	21. 1 certify that (1) (this haspital saw the deceased alive an	, ,	/ 10 / 7 and the	t death accurred a	t 2 '25 AM, from cause			
	220. SIGNATURE	1	2172, dilu iliu	1 deam accorred a	13. 73. PH, Halli Caus		TE SIGNED	
	1/20 III. A	- 1	0 01 / M.	D. PHYS	MED STAFF DIRECTOR PHYS.		TE STONES	
	224. PHYSICIAN'S		Call 16	22d. ADDRESS	DIRECTOR CLJ 11113.			
	NAME (Type) JC SE M	- 1)4	tcu, M	D				
7	30. BURIAL, CREMATION, 23b. DATE THEREOF		23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Town) ((County) (State)	
	Burial 10/24/6		Loudon Park		Baltimor	,	17 12 1	
-	24. FUNERAL DIRECTOR	7	ADDRESS	250 REC			GNATURE	
				0	CT 2 / 1997	Milione	GNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hadrs after the state Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hadrs after the state Dept. VR A15 [4] 25M 1/67

Mitchell-Wiedefeld Home

Home 6500 York Rd. Balto., Md. 21212



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18513 13518 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND BALTIMORE Maryland b. CITY OR TOWN (If outside corporate Emits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? State 1695 1/4 ml N. of Alt. 2805 Frederick Ave YES T NO -Balto, Beltway hours after death 3 NAME OF First U.S. DATE DECEASED (Type or print) in Item 18. Give DEATH ESTELLE KROMM October 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours in any event within 72 haurs after death. W DOWED DIVORCED White Female 100 USUA. OCC. PATION (G ve kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? TORE VIRGIN SALES WOME icate, writing the ward 'pending" in pencil in be forwarded to the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within MORRIS LUCILLE TAMES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, arunknown) (II yes give war or dates of service) 36-611 JAMES LADD 416 S.STRICKER ST. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit Multiple traumatic injuries IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse o. pup 9 WAS AUTOPS! remaya!, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON G VEN N PART I(a) PERFORMED? CERTIFICATION YES TOU NO 200 EXTERNAL CAUSE WAS PR.MARY X OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of tem 1B) 3 should shauld 5 CAUSE OF DEATH Subject, passenger in car into tractor trailor files. cremation, MEDICAL 20e PLACE OF INJURY (Home, farm 20c TIME OF INJURY Month Dov. Year 20d INJURY OCCURRED 20f (City or fown) (County) (Stote) factory, street, office bldg etc.) YOUR Wh e Not While Page 67 of work of work Balto. Md. 1.20 POXX 10.6 Street 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry . and in my opinian DIRECTOR: death resulted fram Natural causes Accident C. Suicide 1. Ham cide Undetermined manner the funeral directar. may be retained FUNERAL DIRECT CHIEF MED CAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) Edward F. Wilson M.D.

236 DATE THEREOF 1 230 NAME OF LEMETERY OR CREMATORY 23o. BUR AL CREMATION. 23d. LOCATION (City or Town) 0 REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR S S GNA

PRATT+STRICKER DATE

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ALTERS FUNERAL HOME



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TO FUNERAL DIRECTOR: After this

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3514 CERTIFICATE OF DEATH 135492. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Marvland Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c JENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3mth2ldvs Gwynn Oak, Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 301h Fairview Road SPRING GROVE STATE HOSPITAL YES NO X within 3. NAME OF First Month Middle DATE Doy DECEASED 26 19 67 Oct. event, Max Krout (Type or print) DEATH SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED W NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Hours Jan.20, 1894 and in any male white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY grocery store S. Russia 14. MOTHER'S MAIDEN NAME ar remaval, Solomon Krout Sarah 17. INFORMANT 15 WAS DECEASED EVER IN it S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (if yes give wor or dotes of service) 218-38-3902 STATE Records: SPRING GROVE HOSPITAL signed by the atter burial-transit permi burial, cremation, a unk INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) L ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia. bilateral, lobar, organism undeter. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse priar ta last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? ed far use af Health p Arteriosclerotic Cardiovascular Ht. Dis.; bacteremia with shock asse. 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20¢ TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f (City or town) (County) (State) Hour om factory, street, office bldg., etc.) Not While of work at work July . 197 , that (1) Xwell last 21. I certify that (199(this haspital) attended the deceased from . 1967 to Oct.26 director, page 3 should should be filed with the saw the deceased alive an Oct. 26. 1967 and that death accurred at 1:30 m. For causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS ADDRESS SPRING GROVE 22c. PHYSICIAN S NAME (Type) Young. Baltimore. Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BJRIAL CREMAT ON 23b. DATE THEREOF (Stote) REMOVAL (Specify) Emerah 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) ARRISON 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY LIMORE b. COUNTY Page 90 death. MARYLAND deloy C LENGTH OF STAY N 16 b CITY OR TOWN (If outs de corporate limits, c CITY OR TOWN (If outside corporate imits, write RuRAL and give nearest town) pud offer TUSON Years d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS hours NO Y Stote Illures after death NAME OF First Middle DATE Month Doy along with Lost Year DECEASED 0F М. c.T. 19 6 within (Type or pont) DEATH with S SEX 9 AGE (In years IF UNDER 1 YEAR **1F UNDER 24 HRS** 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** White #ast birthdoy) Doys Hours Male WIDOWED DIVORCED Office event CV ond 10o USUAL OCCUPAT On (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Maryland 24 Ony Chief Medical Examiners sabod 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME We executed within pencil ⊑ unknown unknown E ond 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, o upknown) (If yes give wor or dotes at serv ce) removal, 22.4Dr. George McLaren. Same as # 2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (o) This certificate should the certificate, writing the word cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), forworded to DUE TO 0 stoting the underlying couse 0.5 lost buriol, 19 WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 9 pe Poge 4 should be 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INSURY OCCURRED (Enter noture of injury in Port I or Port I of item 18.) 3 should PRIMARY OF CONTRIBUTING EXAMINER: **CAUSE OF DEATH** MEDICAL ogent, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) ((County) (Stote) Hour o.m While Not While foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge pleose execute ot work at work L its designoted 21. I certify that I took charge of the remains, described above, held on Autopsy Inspection 2 Inquiry and in my opinion the funeral director. deoth resulted from-Notural couses 4 Accident Suicide Homicide (Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEFUTY 6 DEPUTY MEDICAL EXAMINER Address (Street, Zity town or county Heolth NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE THEREOF 23d .OCATION (City or Town) (County) 400 REMOVAL (Specify) Maryland 21204 Burial Oct. 17. 1967 Prospect Hill Cemetery Towson. 24. FUNERAL DIRECTOR 2So. REC'D BY REG STRAR 25b Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 1967 VR A15ME

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers—Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours of

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

13522

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		PLACE OF DEATH COLNIY Baltimore					2 USUAL RESIDENCE (Where deceased fived, if 'nstitution: Residence before admission) a STATE b. COUNTY					
			9 If outside corporate limit	rs.	MARYL c. LENGTH OF STAY IN		Maryland CCITY OR TOWN (If ou	tside enrocrote timits	write RURAL and giv	e neorest town)		
		rite RURAL on Towson	d give nearest town)	,			Baltimore		The north bird g			
	(NAME OF HOSPI	AL OR INSTITUTION (If n	at in haspital, g	jive street address)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
٠.	_ 5	St. Jose	oh Hospital				3800 Monte	ry Rd.		YES NO		
		NAME OF DECEASED	F	ırst	Middle		Lost	4. DATE OF	Month	Doy Year		
	- ((Type or print)		exander			LANE	DEATH	October	30, 19 67		
	5 !		6 COLOR OR RACE	7 MARRIED			B. DATE OF BIRTH 12-13-1896	9. AGE (In last birt		Doys Hours Min		
		Male	White	WIDOWED	DIVORCED ND OF BUSINESS OR			70	yrs 12 fl	TIZEN OF WHAT		
	duri	ing mast of working	N (Give kind of work done Tile, even if retired)	IN	D. STRY		11. BIRTHPLACE (County	& State, or Fareign count	' co	UNTRY?		
	13	Attorney FATHER'S NAME		LA	w		Maryland 14. MOTHER'S MAIDEN B	JAMF	10.	U.S.A.		
		PETE	R LASTOW	SKI			CATHERI		IGOLD			
	15	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17. 1	NFORMANT		Address			
	(Ye	S no or unknown)	(If yes give war or dates	of service)		94v	O. Bunc C. L	ans - 380	o Monter	ey Rel.		
			EATH (Enter only one co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					INTERVAL BETWEEN ONSET AND DEATH		
		4201	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Mas	sive anter	<u>ior</u>	septal myoc	ardial inf	arction	ONJET AND BESTI		
		Conditions, if any		10						•		
		rise to immedia	te cause (a), ((b) <u>COY</u>	conary thro	mbos	15					
		stating the under	rlying couse	(c)								
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)										
1	CERTIFICATION		ary thrombo							PERFORMED? YES NO		
	TEIS	20a ACCIDENT WA	S JNDERLYING [20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Part II of item	18.)			
	E		G CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJ	URY Month, Day, Year	20d. IN While			CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)		lawn) (Car	unty) (State)		
	ME	р.	m. 19	at wark	at wark		1					
		21. I cert	ify that (X (this ha	spital) attend	ded the deceased f	ram	10-22-	9_67, ta_10	<u>-30-</u> , 19£	27, that (X) (we) last he date stated abave.		
		saw the a		10-30-	19_07, 0	na ma	r death accurred at			ne date stated above. ATE SIGNED		
		12g. JIOINTOKE		(Car	ti	I.M	D. PHYS	MED STA	S C Octo	ober 30,1967		
		22c. PHYSICIAN'		1			22d ADDRESS					
П		NAME (TYPE	Reynaldo	Orjuela	-Gomez. M.	D	7620 York	Rd., Tows	on, Md.	21204		
	230	BURIAL, CREMATI			23c NAME OF CEMET			23d. LOCATION (C		(County) (State)		
	6)	REMOVAL (Specify		67	BAKTO NO	DITE		BY REGISTRAR		CNATIDE		
	Ka	Harrey	Mysellen - 2	334	ADDRESS	12	DATE N		25b. REGISTRAR'S S			
0		Manyer	IVANOUR OF	1 8	7 11 11 2	-0 "	DAIL	- L 194		100		



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death/ TO HOMETIAL OR ATTENDING PRYSICIAN: The lam requires that the death mertificate be executed mitmin 14 hmurs after death. Page 4 may be retained by the hospital or attending physician.

VR ALS

-1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SERVICION OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Baltimore MARYLAND	a, STATE B. COUNTY Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1)	
write RURAL and give nearest town) Baltimore 12	Baltimore (?/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS e. IS RESIDENCE
303 Regester Ave.	303 Regester Ave.
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Mollie G.	Lane 0F 10 5 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 ACE (In years LETINDER 1 YEAR HEUNDER 24 HRS
F WIDOWED TO DIVORCED	7-28-1892 Tast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland, Baltimore USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (fyes give war or dates of service)	. INFORMANT Address
	Dr. Charles Reier 6701 York Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN
	leury 2M Tylers
4.7	and of the second
Conditions if any which \	1086 - 20 1/12/00 1/12/00 1/12
gave rise to immediate	y constant
cause (a), stating the OUE TO underlying cause last.	
	LATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY
E TANTIL OTHER CONTROL OF THE CONTRO	PERFORMED?
20a, ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of intury in Part 1 or Part 1) of item 18.)
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING TO BEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part 1 of Part 11 of Item 16.)
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
181 Willie - Not Wille -	ctory, street, office bldg., etc.)
	Will Street and I will be
21. I certify that (I) (this hospital) attended the deceased from_	196, to 5 000, 196, that (1) (we) last
saw the deceased alive on 5 221, and the 22a. SIGNATURE	naf death occurred atM, from the causes and on the date stated above.
228. SHORALDRE	ATTENDING MED. STAFF 22b. DATE SICNED,
	A.D. PHYS. STAFF S BOLLO 7
NAME (Type)	22d. ADDRESS
Dr. Charles H. Reier	6701 York Rd., Baltimore 12
REMOVÁL (Specify)	RY OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial 10-7-67 Lorraine	Park V25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
H.W.Jenkins & Sons Co.4905 York 1	Rd. Ballone. OCT 6 196/ Munice Judge



	1851	3		CERTI	FICATE	OF DEATH			30	OK.I	
1.	PLACE OF DEATH O. COUNTY Balt	timore		MAI	RYLAND	2. USUAL RESIDENCE (o. STATE Mary		ed lived, if institut b. COU		efore odmis	ision)
	write RURAL one	If outside corporate limit give nearest town)	\$,	c LENGTH OF STAY	IN 1b	CEITY OR TOWN (If or		te limits, write RU	RAL and give ne	orest town)	1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n				d STREET ADDRESS				e IS RE	SIDENCE FARM?
S	t. Joseph	n Hospital,	Towsor	1, Md. 212	204	9001 Lodi	Road,	Balto.,	Md.	YES [No 📧
	NAME OF DECEASED (Type or print)		ward Ward	Middle C.		LARTER	4 DATE OF DEATH	Mon			Year 9 67
5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED E	DATE OF BIRTH	9	AGE (In years lost birthday)	Months Do	AR IF UND	S Min.
]	Male	White	WIDOWED	DIVORC	ED 🔲	8-5-10		57 Yrs	months Do	742 LIMINE	y Will.
		(Give kind of work done		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (County	& Stote, or for	eign country)	12 CITIZE	N OF WHAT	
	ing most of working. Sales	me, even ir reilredj	INI	Govans	Chev	Canada			U.S.A	A .	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Alfred	arter					Annie Gr	Figures		
15.	WAS DECEASED EVE	CORNERS ARMED FORCECO	16.5	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess mwell		
(16	Yes	(If yes give wor or dotes	or service)	74-05-353	5 Mys.	s ean K. L	anton	9001 100	ta alfond	21236	
		ATH (Enter only one co			and and and and	S CALL II.	ALL DEL	7000 100	11 /11030	INTERVAL B	BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nfarc	tien - eld	and re	cent		ONSET AND) DEATH
ı	4201	*DUE	1.8					2 2 2 2 2 2			
	Conditions, if ony		(b) Cer	enary tre	mbesi						
	rise to immediat stating the unde		. ,			*					
	last.	Infilia conse	(c)								
ATION	PART IF OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19 WAS AL PERFOR YES RC	UTOPSY RMED?
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DE	SCRIBE HOW INJURY	OCCURRED	Enter noture of injury in	Port I or Pari	t (I of item 1B)			
MEDICA	20c TIME OF INJI Hour 'o r p.r	10	20d 1N While at work			F OF INJURY (Home, formally, street, office bldg., etc.		(City or town)	(fauo))	n	(State)
		fy that (IF (this has eceased alive an _	pital) attend 10-29	led the deceased 19_67,	from and that	death accurred at	19 <u>67</u> 1	, from couses		date stat	(we) la: ed abave
	22o. SIGNATURE	Teil	lia	~	M.D	1 11144	MED. DIRECTOR	STAFF PHYS.	225 DATE 10-2	5.GNED 9-67	
	22c. PHYSICIAN'S NAME (Type	(Ines Ci	lliani,	1.D	,	22d. ADDRESS 7620 York	Road,	Baltimo	re, Md.	2120	4
230	BURIAL, CREMATIC		EREOF	23c NAME OF CE	METERY OR	CREMATORY	23d LO	CATION (City or To	wn) (Co	unty)	(Stote)
	REMOVAL (Specify	1 11-1-1	.967	Dulanev	Valle	ey Cemetery	Ba	ltimore.		Balto	wd.
24	, FUNERAL DIRECTO		4	ADDRESS		250 PEC	D BY PEGISTR	AR 2Sb R	EGISTRAR'S SIGN	ATURE	
1.7	assil	Langue	Heme	240112:	Carri	Read DATINO	IV I	1967	Warls	Judy	14-
Section 2											

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled they the testing director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbor papers. Pages then 2 shauld be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAL: The log requires that the destriction to executed within 24 hours of Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



	1. 4-		MARYLAND STATE DEPARTMENT O		ARYLAND
4	4 = 24	i	CERTIFICATE OF DEAT		3525
	death.	1.	a. CDUNTY	NCE (Where deceased lived, If institution: Reb. COUNTY	esidence before admission)
	in by mes. Pages hours after			aryland If outside corporate limits, write RURAL	and give nearest town)
	hooms led inviers. P	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRES	S	e. IS RESIDENCE
	fille pape thin 7	_	Greater Baltimore Medical Center 1720 Way	dsworth Way	ON A FARM? YES ND X
(completely completely ve carbon event, with	3	NAME OF First Middle Last DECEASED (Type or print) Elizabeth I. Lascola	4. DATE Month DF DEATH October	Day Year
, ,	and com- remove c	5.	SEX 6. COLDR DR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If UNDER) last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
		1Da dur	3/2//0/	County & State, or foreign country) 12, CI	TIZEN OF WHAT
Ξ	certificate be nding physician Then please removal, and it	13.	FATHER'S NAME 14. MOTHER'S MA	IDEN NAME	
n I	ding The The	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT	iknow Address	
Donn	e death cei the attendi it permit. I	(Y)	, no, or unkown) (If yes give war or dates of service) /fusale an	ed Vincent Las	cola)
0	- > vs =		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OF CONTAIN Selectoric OF CAUSE OF CONTAIN OF CAUSE OF CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
· ·	th sic		420 / DUE TO Conditions, If any, which) DUE TO Conditions, If any, which)	110410	
. · р	qui ng sen se t to l		gave rise to immediate cause (a), stating the		
y D Me	law atten has as as pric	NOIL	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	LDISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
d b Non	T in Lease	CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY DCCURRED. (Enter nature	of injury in Part I or Part II of Item 18.	YES NO
S S	PHYSICIAN: the hospital r this certifi detached fo te Dept. of H		OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
lea a	ING PHYSIC d by the hos After this co 1 be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, factory, street, office bldg., p.m. 19 at work at work	farm, 20f. (City or town) (Coul	nty) (State)
R e	ENDING inned by OR: After ould be the State		21. I certify that (I) (this hospital) attended the deceased from Off 12,	19.67, to <i>Oct 18</i> , 19.6 S.A. M, from the causes and on the	
	L OR ATTEND by be retained OIRECTOR: age 3 should filed with the		22a. SIGNATURE MARTINE MATTENDING	MED. STAFF 22b. DA	ATE SIGNED
	PITAL OR 4 may be ERAL OIR or, page be filed		22c. PHYSICIAN'S NAME (Type) H PAGE 13 VEY V 22d. ADDRESS 5 4000	York KD	
	Page 4 may O FUNERAL director, pa	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY	23d. LDCATION (City, town or cou	inty) (State)
		24	Burial 1210el 61 Men Calledial		S SIGNATURE
	VR AI5 (4)	-	Witzhe Juneal Der 4101 Edmoder out	T 20 1967 general	as judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

executed within 24 hours after death

The law requires that the death certificate be

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Page 4 may be retained by the haspital ar attending

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DIRECTOR: After

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CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY Baltimore a. STATE b. COUNTY Maryl and
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Towson 4 Baltimore d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO to St. Joseph Hospital The Alameda 4. DATE 3. NAME OF DECEASED (Type ar print) AZZELL DEATH October 9. AGE (n years 8 DATE OF BIRTH S. SEX 6 COLOR OR RACE NEVER MARRIED gast birthday) Dovs Hours 5/31/1908 White DIVORCED Female 11 BIRTHPLACE (County & State or fareign country) 12. CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b during most of working life even if ret red) INDUKTRY Baltimore. Md. Housewife Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Josephine Imbrogulio Joseph Piraino IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates af service) Charles B. Lazzell (Same) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: S CAUSEU BT: IMMEDIATE CAUSE (a) Adenocarcinoma of right breast with massive metastases DUE TO Conditions, if any, which gave ase to immediate couse (o). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🔀 NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20g ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) factory, street, affice bldg., etc.) Haur a.m. at work al work 21. I certify that 10 (this haspital) attended the deceased from Oct. 9, 1967, to Oct. 20, 1967, that 10 (we) last saw the deceased alive an Oct. 20, 1967, and that death accurred at 7:15PM, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE 10/21/1967 OIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M. D. 7620 York Road, Towson 4 23a BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Holv Redeemer Baltimore 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
.W.Jenkins 2Sa REC'D BY REGISTRAR Sons Co.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13527 49594 CERTIFICATE OF DEATH Way . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Queen Annes MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Fort Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CLENGTH OF STAY IN 16 Grasonville DAYS B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Veterans Administration Hospital YES NO NO NAME OF 4 DATE Year Month Doy LOST DECEASED 1967 WILLIAM EZEKTEL LEGG 0F OC TOBER 21 (Type or print) DEATH AGE (In years IF UNCER I YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7 MARRIEUX **NEVER MARRIED** 38 birthday) Months 2/19/29 Dovs Hours White Male WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT during most of working life, even if retired) U.S.A. INDUSTRY Chester, Maryland Construction Carpenter 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Oscar M. Legg Florence F. Hunter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (If yes no wor or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO. 214-28-35-08 Clin. Rec. VA Hospital. Fort Howard, Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY HOURS DEATH CARDIO-RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO CARCINOMA OF TESTES WITH GENERAL METASTASIS Conditions, if ony, which gove UNKNOWN rise to immediate cause (a), DUE TO stating the underlying couse WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X 20o. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour 'o.m. Not While foctory, street, office bldg., etc.) at work ot work 21 I certify that # (this haspital) attended the deceased from Aug. 11 1967 to Oct. 21 , and that death accurred at 8:30 but fram causes and an the date stoted above. saw the deceased alive on Oct. 21 1967 22b. OATE S GNEO 22o SIGNATURE 10/22/67 M.D OIRECTOR PHYS 22d ADORESS 22c PHYSICIAN S NAME (Type) RODOLFO G. MIRO VA HOSPITAL, FORT HOWARD, MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION REMOYAL (Specify) STEVENSVILLE Stevensville, Maryland 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR dane Chester, Maryland

within 72 hours after

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TO HOSPITAL

Page 4 moy be retoined TO FUNERAL DIRECTOR:

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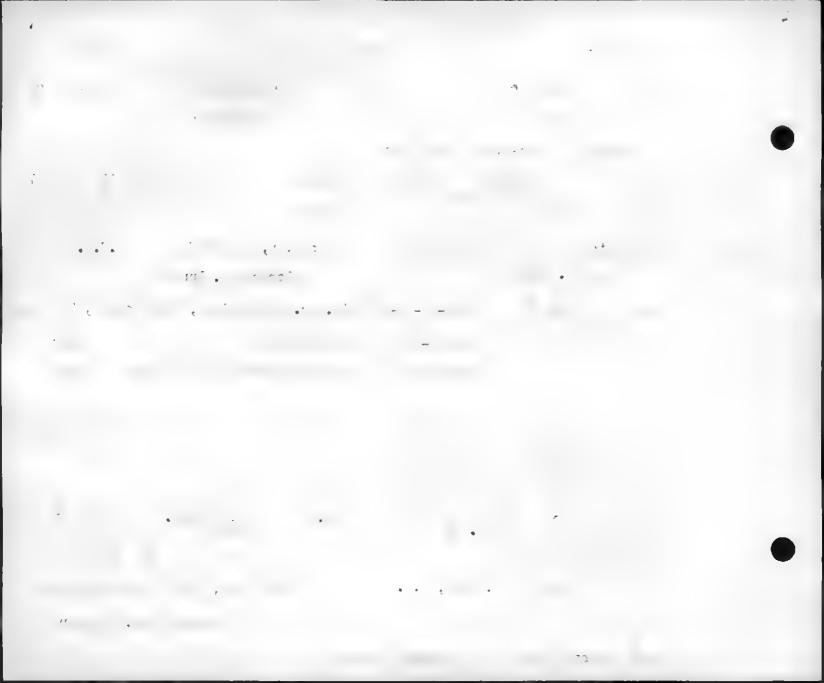
and

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTYCZ MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) CWINGS Garrison d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NAME OF Middle DATE Losi DECEASED OF DEATH (Type or pnnt) IF UNDER I YEAR S SEX AGE (In years DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdov) Months WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of work) KIND OF BUSINESS OR 14. MOTHER'S MA DEN NAME 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMÂNT 16. SOCIAL SECURITY NO Imonuine (Yes, na, or unknown) ((Eves one war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) factory, street, affice bldg . etc.) Haur o.m. Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased from stated 10 196 , and that death occurred at 1:45 M, from causes and on the date stated above. saw the deceased alive on. **SIGNATURE ATTENDING** DIRECTOR PHYSICIAN S 22d. ADDRESS

D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After O HOSPITAL VR A15 [4] 25M 1/67

NAME (Type)

23a BURIAL (REMATION REMOVAL (Specify)

be retained by the hospitol or ottending

within 24 hours after

requires that the Beath certificate be executed

signed by the ottending physician and complete buriol-transit permit. Then please remove cdrb buriol, cremation, or removal, ond in ony event

23c NAME OF CEMETERY OR CREMATOR

LOCATION (City or Town

(County)

DATE SIGNED

22b

13528

Day

12 CITIZEN OF WHAT COUNTRY 2.

e IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

19

Hours

INTERVALBETWE

QUISET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

NO 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

IS RESIDENCE

ND F

DN A FARM?

Year

1967

Hours

INTERVAL BETWEEN

DNSET AND DEATH

WAS AUTDPSY

PERFORMED? ND Z

(State)

(State)

YES [

1967, that (I) twe last

(County)

22b. DATE SIGNED

YES

Day

CITIZEN OF WHAT

COUNTRY?

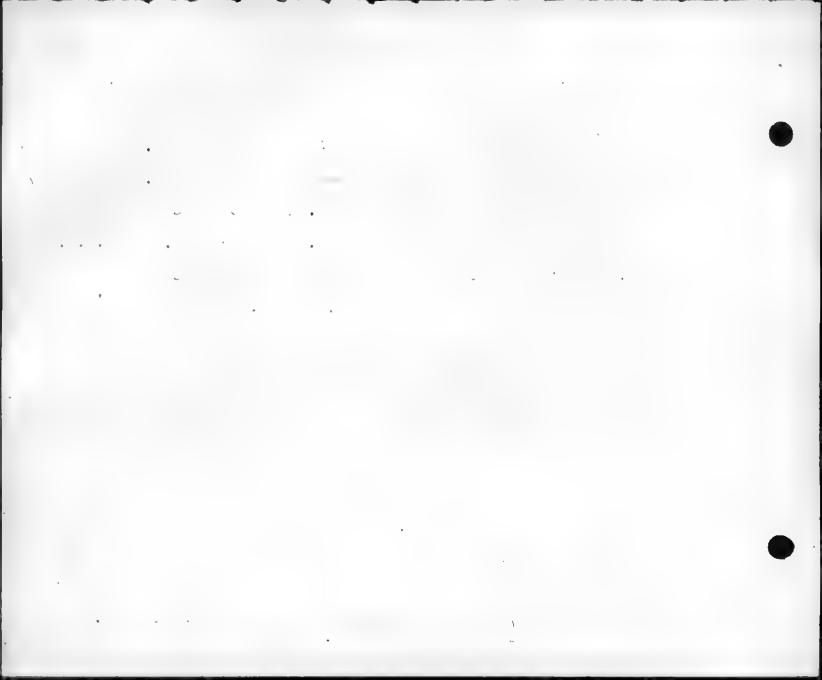
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hou certificate be aw requires that the

VR A15 (4)

20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DistricTon of CTATICTICAL DECCADOU AND DECODING 201 W PRESTON STREET RAITIMORE MARYLAND 21201

	12523)	CERTIFICATE	OF DEATH		13531				
	COUNTY XXX	BALTIMORE	MARYLAND	2 USUAL RESIDENCE (o. STATE Maryla	Where deceased lived, if institution b. COUNTY	Residence before admission)				
b.	CITY OR TOWN (IF OJ	tside corporate firmits, nearest, town),	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
$\overline{}$			Life	Baltimore		I ase pre penier				
	st. Joseph	R INSTITUTION (If not in haspite Hospital	I, give street address;	5506 Minne	oka Ave. \$21215	e IS RES DENCE ON A FARM? YES NO V				
	AME OF ECEASED	First	Middle	Lost	4 DATE Month	Day Year				
	ype or print)	Frank		Levin	DEATH LO	15 19 67				
S. SI	EX 6.	COLOR OR RACE 7 MARRI	D NEVER MARRIED	8 DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS				
Ma]		White WIDOW	D DIVORCED	3/9/ 1906	61 yrs	COLLES SOAS (10012 WILL				
10a .	JSUAL OCCUPATION (G.v	e kind of work dane 10b	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	g most of working life, a UPERINTENT	ENT	alvert Distille	ry Baltimor	e. Maryland	COUNTRY? U.S.A.				
	FATHER'S NAME			14. MOTHER'S MAIDEN	MAME					
	ISAAC LEVI			ANNA ?						
15 (Yes	WAS DECEASED EVER IN (es give wor or dates of service)		INFORMANT	Address					
	NO L	¥		3. DORA LEVI	N. 5506 MINNOKA					
П	18 CAUSE OF DEATH PART I DEATH W	(Enter only one cause per line	for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH				
	TAKE I DEATH W	IMMEDIATE CAUSE (a)	Acute Myocardia	1 Infarctio	n					
	C.	OT 3UD								
	Conditians, if ony, whi rise ta immediate ca	use (a)								
	stating the underlyin									
	last.) (c)	A TA BEATU BUY MAT BELLITER TA	VIII TERMINAL DISTAGE CO.	UNIVERSAL CONTRACTOR OF THE PARTY OF THE PAR	10 WAS A TODGY				
ATFO	PART II OTHER SIGNIF	CANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NUTTION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO				
183	20a ACCIDENT WAS UNI OR CONTRIBUTING □ C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.		<u> </u>					
MEDICA	20c TIME OF INJURY Hour o.m. p.m.	W	nile Not While fact	CE OF INJURY (Hame, farn lary, street, office bldg , etc.)	(County) (State)				
ΙГ	21 I certify t	hat (I) (this haspital) at	ended the deceased from_	10/15	1874 to 10/15 8:45M, from couses an	_, 19_67, that (I) (we) la:				
		sed alive an 10/15	19 <u>67</u> , and tha	t death accurred at	9:45M, fram causes an					
	22o. SIGNATURE			ATTENDING -	MED. STAFF	22b. DATE SIGNED				
	Kany	n P. Rigor	M.	D PHYS. \square	DIRECTOR L PHYS.	October 15,1967				
	22c PHYSICIAN'S NAME (Type)	Ramon P. Lope	Z, M.D.	22d. ADDRESS 7620 Yo	rk Road Tows	on, Maryland				
	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)					
	BURIAL (Specify)	10-17-67	ARLINGTON		BALTIMORE, MA	RYLAND				

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within-24-haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages should be filled with the State Dept. of Health priar taburial, crematian, ar remaval, and in any event, within 72 hours of Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Pages , the

filled In

ARLINGTON ADDRESS FUNERAL DIRECTOR BROS. INC., 6010 REISTERSTOWN 8

BALLIMUKE 25o. REC'D BY REGISTRAR

1967



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13532

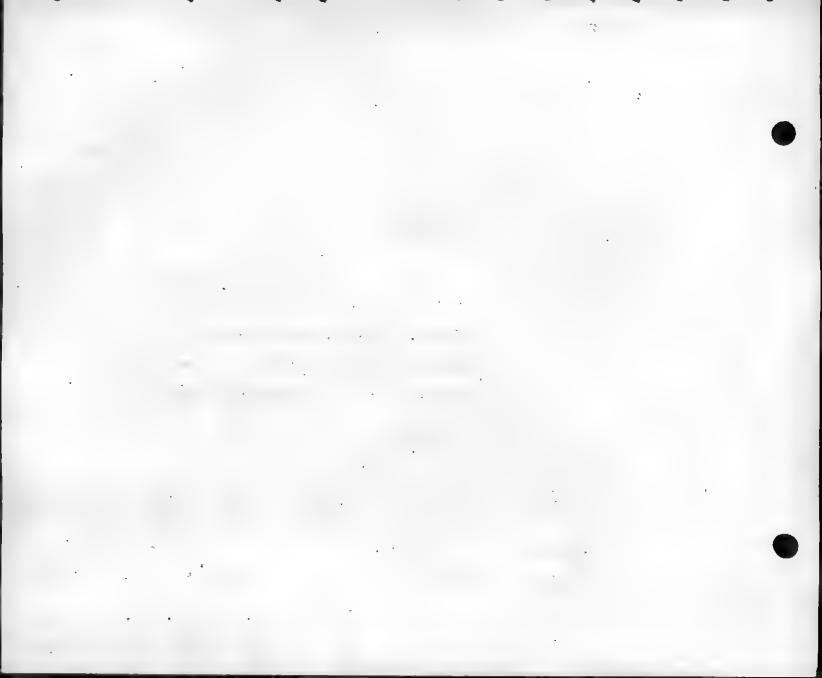
- 1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)							
1	0	D. COUNTY BALTIMORE MARYLAND	O. STATE MD. b. COUNTY BALTE.							
	b	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C A To NS VHL C							
	d	SUMMIT NURSING HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM? YES NO							
	(1160 (v. bour)	LOST A DATE Month OF DEATH OCT.	Doy Year 2- 19 67						
	S. S	M WIDOWED DIVORCED	8. DATE OF BIRTH FEB. 6, 1898 9 AGE (In years light burthday) Months Yrs	Days Hours Min.						
	duríi	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) DRETENDER TAVERN	PENN. COL	ZEN OF WHAT INTRY?						
	13.	FATHER'S NAME LAWRENCE LITZENBERGER	14. MOTHER'S MAIDEN NAME CATHERINE							
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or ynknown) (If yes give war or dates of service) 213-01-5810 M.	NFORMANT Address Address Address Address	melerapare						
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	The live	ONSET AND DEATH						
-		Canditrana if any which mays 3		7						
		rise to immediate souse (a)		,						
		stating the underlying couse DUE TO lost.								
	H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY								
٦,	NOI L	Air wordenti CVD	THE TERMINE DISEASE CONSTITUTE STEEL IN TAILS TO	PERFORMED? YES NO						
	CERTIFICATION	200. ACCIDENT WAS UNDERLY NG 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port) or Port II of item 18) OR CONTRIBUTING 201. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port) or Port II of item 18)								
	MED CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAI	CE OF INTURY (Home, form, ory, street, office bidg., etc.) 20f (City or town) (Cou	nty) (Stote)						
		21. 1 certify that (1) (this haspital) attended the deceased from	1 Sept , 196 9, to Uch 22 , 196	2 that (I) (we) last						
			t death occurred of A M, from couses and on th							
		220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 27b. DATE SIGNED 22b. DA								
		22c. PHYSICIANS J.C. Peuns	3325 Fordersch	or						
			IUNION CEM QUAKERTOWN-	(County) (Stote) PG~N.						
	24.	EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR S SI	GNATURE						
	$\underline{}$	why - Coronary & H. Colorwolly	DATE AST OF TOCK Officery	To less the						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by A director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events-within 72 hours Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



10-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5 29 F	13533
death. Tuneral Fand 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
3	2. COUNTY BALTIMUR. MARYLAND 2. STATE Mary and D. COUNTY Baltimur.
by Pages	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
3 = 0	BAITIMON2 26 days BAITIMOTS, 21206
led led	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM!
	Greaty Baltimon Wedical Center 1324 Rosewick Citz VES NO
重 · 意意	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
within repletely carbon ent, with	(Type or print) Will all M. LOZFFIZK DEATH 10 27 19 0
executed and con remove an any eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH) 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI last birthday) Months Days Hours Mir
exect and remo	WINTED DIVORCED C yrs.
icate be e physician please r	during most of working life, even if retired) INDUSTRYLISSINGY TO COUNTRY?
ysic plea	1:eat Packer Retrict: Baltimers, md U.S/+. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rtifica ing ph The	L.L. Loz LDo. Eligabeth
din din rem	1 221-2015011
at the death certificate be executed was lan. In by the attending physician and complements please remove carcineration, or removal, and in any event,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Catherine Loeffiers wife Sauce at 19. 17. INFORMANT Catherine Loeffiers wife Sauce at 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
e d the t p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEE ONSET AND DEATH
hat thician.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I CARDIO VASCULAR COLLAPSE immediate
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely use as the burial-transit permit. The please remove carbon saith prior to burial, cremation, or removal, and in any event, with	1999 2 DUE TO DUE DUE TO DUE T
ING PHYSICIAN: The law requires the lay the hospital or attending physic fler this certificate has been signed be detached for use as the burial. State Dept. of Health prior to burial.	gave rise to Immediate Cause (a) stating the DUE TO (1)
law ruttend has b as t prior	underlying cause last. Herwight archome pharingo-esophagus 32
or ath	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
al o al o Great	YES NO
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this detac detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
of by t After d be d	20c. TIME DE INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. While Not-While at work at work at work
= 0 4	21. I certify that (1) (this hospital) ettended the deceased from Since, 19 6 to 22, 196 /, that (1) (we) la
ATTENDI: retained ECTOR: A 3 should with the	sew the deceased alive on 1967, and that death occurred at 10 PM, from the causes and on the date stated about
	22a. SIGNATORE ATTENDING MED. STAFF 22b DATE SIGNED W.D. PHYS. DIRECTOR PHYS. 22, 196
may AAL D	22c. PHYSICIANUS
년 4 년 9년 -	NAME (TYPE) DAVID F. FAIRBANKS GBMC, 6701 No Charles Balto, Md
Page Page 7 FUN direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
01 02 °°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	Burial 10/26/67 Jardens of Faith Cemetery Balto. Nd.
	24. FUNERAL DIRECTOR Schimunek Funeral Home 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	3331 Brehms Lane #13 DATE OCT 25 1967 Illiante Just



corbon papers. Pages and 2 out within 72 haurs after leath.

MARYLAND STATE DEPARTMENT OF HEALTH

2 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 ピシ

CERTIFICATE OF DEATH

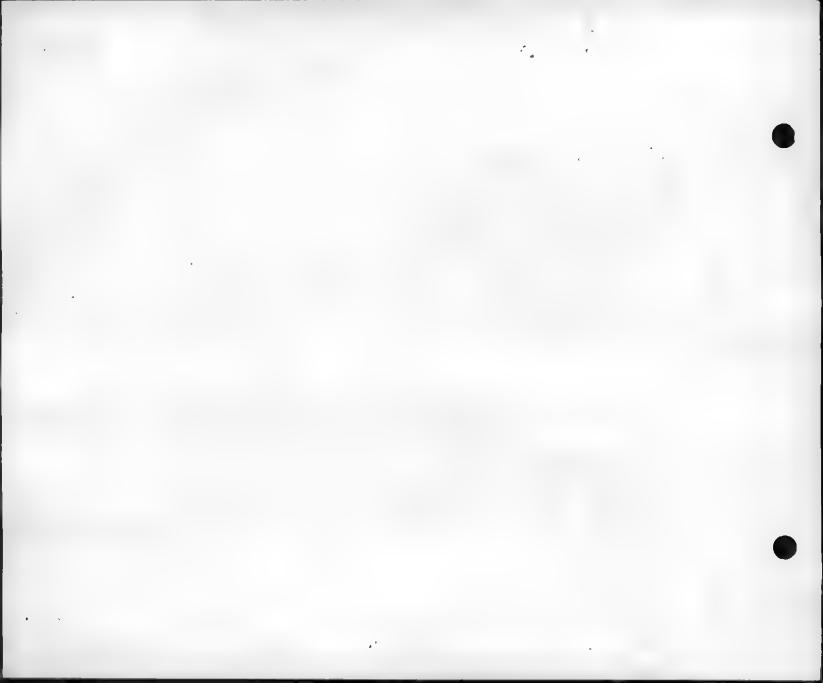
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		PLACE OF DEATH		2 USUAL RESIDENCE (W)	nere deceased sived, if institution. Residen	ice before admission)
		D. COUNTY D	MADVIANO	a. STATE	b. COUNTY	
	-	Baltimore	MARYLAND c length of stay in 16	MARYLI		LTIMOR=
		o CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			ide corporate imits, write RURAL and giv	e neorest town)
		RURAL	4 YEARS	BALTIM	DRE	
	(NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, g	ive street oddress)	d STREET ADDRESS		e IS RESIDÊNCE On a Farm?
Lo	V	illa MARIA - Notch	. Cliff	Glen-A	1em	YES X NO
		NAME OF First	Middle	Lost	4 DATE Month	Doy Year
		Type or print) Sister Mary	Rufina	Loesch	DEATH 10	3/ 1967
	5 5	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED X B	B. DATE OF BIRTH	9 AGE (In years IF UNDER	1 YEAR OF UNDER 24 HRS.
	F	emale White WIDOWED	DIVORCED /	127/1873	lost birthdoy) Months	Doys Hours Min
		USUA. OCCUPATION (G ve kind of work done 10b KII	ND OF BUSINESS OR	11 BIRTHPLACE (County &	State or foreign country) 12 CI	TIZEN OF WHAT
	duri	ng most of working ife, even if retired)	DVENT	ERIE P	1	UNTRY?
	13	FATHER S NAME	DARDI	14. MOTHER S MAIDEN NA		<u></u>
		0111		Λ		
	16	teter Loesch	OCHI CCUIDITH NO. 17 II	Catherin		
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service)	OCIAL SECURITY NO. 17. II	NFORMANT		DOTCH CLIFF
	Ľ	NO PUB	-24-2024 UIDR	. Catherine	Mary - Glen	Arm 2105]
		IB. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond (c).)			INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nam rendson	<i>)</i> -		ONSET AND DEATH
		1/ 2 6/				
		Conditions, if ony, which gove) (b) Leve	ralized athureday	ls'		
	Н	nse to immediate couse (a), (NIE To	0			
		storing the underlying couse				
		lost. (c)				I 10 Marc a Yorkiy
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
1	CERTIFICATION					YES NO 💂
	Ē	20o ACCIDENT WAS UNDERLYING ☐ 20b DES	CRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	ort I or Port II of item 1B.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		JURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town) (Co	unty) (Stote)
	QJ.	Hour o.m. While		ory, street, office bldg., etc.)		
		p.m di work		(40.15) 10	16 to 10/24 10	/. 7 Ab - A (1) () ()
		21 I certify that (1) (this haspital) attend	led the deceased framed	double popular d at d	12 /10/31 , 19	<u>67,</u> that (I) (we) last
			14 / 14 cg, and mai	death accurred at z		
		220 SIGNATURE	1d 1 1		MED STAFF	ATE SIGNED
			clorble MD	PHYS. 🔲 D	IRECTOR L PHYS. L	
1		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
1		usure () (be)				
n	23o		23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State) Balt. Md.
N		REMOVAL (Specify) Rivial Nov. 3, 1967	Sisters Ceme	etery	Glen Arm	Balt. Md.
X	. 24	FUNERAL DIRECTOR	carletts Dr.	2Sq., RECD	BY REGISTRAR 2Sb _REGISTRAR'S S	GIGNATURE
1	K	aymond J. Curran 817 S	Maryland 212	OA NOV	8 1967 Actions	

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. I should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 ha

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13534 CERTIFICATE OF DEATH death. within 24 hours after death and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Baltimore Maryland MARYLAND c CITY OR TOWN (If outside corporate emits, write RURAL and give nearest town) b. CITY OR TOWN, If outside corporate amits, write 18 Malland Town (Berest tawn) c LENGTH OF STAY IN 16 baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1704 Cole St. Summitt Nursing Home NO 🔼 completely til 3 NAME OF DATE First Middle Lost Month Doy Year DECEASED Hattie E. Luh October 19 67 (Type or print) DEATH requires that the death certificate be executed AGE ! n years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH Jase hirthdoy) Months Doys Hours 1888 Nov. 10 Cauc. Female WIDOWED A DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Penna. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME remayal Frederick Schoenberger 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, nor or unknown) (If yes give wor or dates of service 519 Cleveland Rd. Mr. Norbert Wheeler ij 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit s burial, cremati **LONSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO for use as the b FHealth prior to b stoting the underlying couse lost. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has PERFORMED? NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port (Lof item 18.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour am. factory, street, office bldg, etc.) Not While of work ot work Orlain

DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from TO FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the S1 and that death occurred at Japan, from causes and on the date stated above. saw the deceased alive an 226 DATE SIGNED 22 or SIGNATURE ATTENDING STAFF PHYS. P, 10 Horror DIRFCTOR M.D. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23b DATE THEREOF (County) 10/10/67 Loudon Park Balto. Maryland REGISTRAR'S SIGNATUR 4101 Edmondson AVe. 2So REC'D BY REGISTRAR 2Sb. Sons VR A15 (4) 25M 1/67



HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13535

FOR	STATE	77	١.	and the second	U		MED	ICAL	EXAMI	NER'S	CERTIFICATE	OF	DEATH	1	.3535)
HEALT P P P	H DEPT.	~. V <u>I</u>		COUNTY	BALTI	MORE			MAP	YLAND	2 USUAL RESIDENCE		ere deceased lived if	institution label to COUNTYB	esidence befor	re admission) RE
y delay is and 3 ta	ms rage		b	CITY OR TOWN Write RURAL O	(If outside co	orparate limit	5	c LENC	GTH OF STAY		CITY OR TOWN (IF Baltim		ide corparate limits, w			
5 ~ /		Art	d	NAME OF HOSP			at in haspital,	g.ve stree	address)		d. STREET ADDRESS	_				e. S RESIDENCE ON A FARM?
ges	Store	~~			Summi								Summit 34	-		YES NO 🔼
ofter death	with the State D		()	AME OF ECEASED (ype or print)		CL	AIRE		Middle DANALI		LYNCH		DENTIL	Month	20,	1967
irs offe 18 G	te aran 12 with ath			Female	6 COLOR Whi	te	7 MARRIED WIDOWED		EVER MARRIE DIVORCE		DATE OF BIRTH 12/29/17		9 AGE (n y	yrs Mo	INDER 1 YEAR On this Days	Haurs Min
24 haurs in Item 1	s Units Is land frer de		dyny	USUAL OCCUPATIO g mast of workin DUSEUX	g jiře, even if i			IND OF BUILDUSTRY	US NESS OR		Pennsyl	$l_{\nu\sigma}$	inia		12 CITIZEN OF	
within 24 n pencil in	e page		13.	FATHER S NAME	Stanl	ey A.	. Thor	ınbu	rg	i	14 MOTHER'S MAIDE	N NA	Mi fies			
			(Yes	WAS DECEASED EV.	ER IN U.S. AR (If yes g ve	MED FORCES? war or dates	of service) 16		CURITY NO 2-243		NFORMANT Leslie	2 U	V. Lynch	Address \$am	e	
ad a	ans, the				ATH WAS CAL		,		1 2 7	lerot:	ic heart d	lis	ease			ERVAL BETWEEN ISET AND DEATH
shauld e ward	burial-trans,t any event			サメロロ Conditions, if an	v. which gav	DUE e)										
s certificate shaules, writing the war	as a bu			rise to immedic stoting the und last.	te cause (a	, DIE	(b) TO (c)									_
is certifie, writh		2	ATION	PART II OTHER '	GNIFICANT	ONDITIONS O	ONTRIBLT NG	TO DEATH	BUT NOT RE	LATED TO TI	HE TERM NAL DISEASE (CONDI	ITION GIVEN IN PART	1(a)		WAS AUTOPSY PERFORMED?
Certificate,	2 . S		CERTIFICATION	20a EXTERNA. (PRIMARY ☐ or C CAUSE OF DEATH	ONTRIBUTING		20b Di	SCR BE H	OW INJURY (OCCURRED (Enter noture of injury	ın Pa	rt I or Part II af Hem	1B }		
AL EXAMINER: execute the cert	yaur files Yaur files Page 3 sho crematian,		MEDICAL	2Dx TIME OF N Haur a	.uRY Month, .m. m.	Day, Year	2Da While	NJURY OC	CURRED at White		E OF NJURY (Mame, fo iry, street, affice bldg , e		2DF (City ar to	own)	(Caunty)	(State)
cecut				21 I certi	fy that I	aak charg	e of the rea	nains d	escr bed a		d an Autopsy]	Inspection X,	Inquiry	, and	l in my opinian
O - (rained for sine of the sine of			death resu	tea fram.	Nature	al_causes	S. Ac	cident], Suick	de 🔲, Hamic e CHIEF MEDIC	L.	, Undetermir	ned mann	er 🗌	
please	3 60 -			ACTUAL SIGNATURE(from	U-	1.	1	n!				AL EXAMINER X			22. DATE SIGNED
necessary, plea	may be r FUNERAL ealth pria	t		EXAMINER'S NAME (Type)			Springa				Address (Str		EXAMINER	Octo	ber 20	, 1967
TO D	5 may 10 FUNE Health		230	BUR AL, CREMAT, MEMONANI SPEC		36 DATE IH					rematory Cem.		2360 LOCATION (CIT	y of Jayin)	{Caunty	(State)
VR	A15ME (5) 6M 1/67	R	24	FUNERAL DIRECT	or of	Ruc	k Inc	. Ва	ADDRESS Lto.	Md.			2 3 1967		ARS SIGNATUI	

VR A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

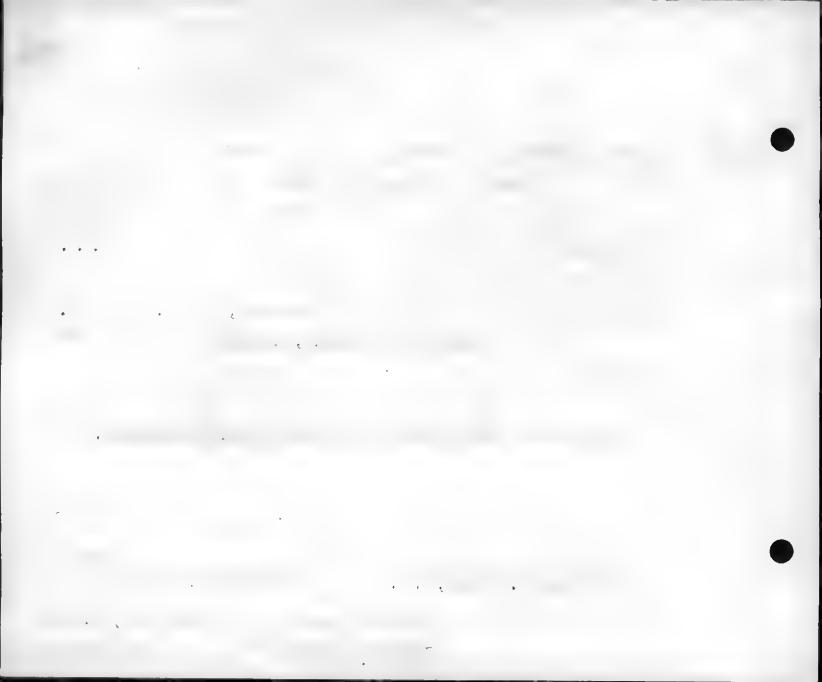
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shau d be detached for use as the burial-transit permit. Then please remove carbon-pepels. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours off

		_ U U U JL			CERTIF	ICAIL	OF DEATH				135;	36	
		PLACE OF DEATH o. COUNTY BA	LTIMORE		MARY	LAND	2. USUAL RESIDENCE (NO. STATE MARY		lived if institut b COUI			on)	
		b, CITY OR TOWN (I write RURAL end FORT	f outside corporate firmit give nearest town) HOWARD	\$,	c. LENGTH OF STAY II	N Ib	c CITY OR TOWN (If ou	itside corporote STEAD	ilmits, write RU	RAL and give n	eorest town)		
1 -		•	AL OR INSTITUTION (IF n	,			d. STREET ADDRESS	- 11-			B IS RESII	ARM?	
()			ADMINISTR				ROUT	44.77			YES 🗾		
		NAME OF DECEASED (Type or print)		RENCE	Middle ASBERRY		LYONS DEATH OCTOR				0oy Year ER 9. 1967		
	S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9	AGE (In years last pirthdoy)	IF UNDER 1 Y			
	10	MALE	WHITE	WIDOWED	OIVORCED		3/27/11		O yrs.	10 60 7	F11 0 F 14 H 14 A		
					O OF BUSINESS OR ISTRY		NEWBURN, VIRGINIA				12 CIT ZEN OF WHAT COUNTRY?		
		FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
		WILLIAM	LYONS				VIOLA WE	BB					
			RINUS ARMED FOR (ES? (If yes give wor or dotes) WWT I	of service)	CIAL SECURITY NO		FORMANT	ng WAI	Addre		M		
	H		ATH (Enter only one co) JULIL	VICAL RECOR	VAL	i, Fre t	TOWARD,	MD	TWEEN	
			H WAS CAUSED BY			PNEID	ONIA, BILA	PEROAT.			CONCEL AND F		
1		4101	IMMEDIATE CAUSE	1.7	ormanio 20	a grayer.	DALES.	LIMMILL			AUSCHI	h	
4	U	Conditions, if any, which gove) (b)											
		rise to immediat stating the under											
		last.	· · · · · · · · · · · · · · · · · · ·	(c)									
	Z	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELI	ATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19 WAS AUTO PERFORM	OPSY	
ì	CATIO	ARTURET(SCLEROTIC				PERTURNSTVE			R DIS.		NO [
	L CERTIFICATION	200 ACCIOENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b DESC	RIBE HOW INJURY OF	CCURRED. (I	inter noture of injury in	Port I or Port I	of item 18)				
	MEDICAL	20c. TIME OF INJU Hour to n	10	20d INSL While of work [JRY OCCURRED Not While of work		OF INJURY (Home, form ry, street, office bldg., etc.)		City or town)	(Count	y) ((State)	
		saw the de	y that 1579(this has ceased alive an_	oct 9	d the deceased	framC and that	CT 7. , 1 death accorred at	9 <u>67</u> , ta 4:45AM,	OCT from causes	9 , 19 67 and an the	, that (1) (date stated	we) la d abav	
	li	220 SIGNATURE	205	aller	7	M.D	ATTENDING PHYS.	MED DIRECTOR [STAFF D	22b DATE	/9/67		
1		22<. PHYSICIAN'S NAME (Type)	JOHN D.	TALBERT	, M. D.		VAH FORT	HOWARI	, MARYI	AND			
N	230	BURIAL, CREMAY C REMOVAL (Specify	1	EREOF 2 1967	23c NAME OF CEME	_			TION (E ty or To	,	77	Stote)	
1	24	. FUNERAL DIRECTO		1.01			FUNERA L PATE	BY REGISTRAL	25b. RE	GISTRAR'S SIG	NATURE		
A					TIPTON EI	LINE .	PUNERAL HOP	光 T13	1967	Milean	elas Jus	del.	



13532

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

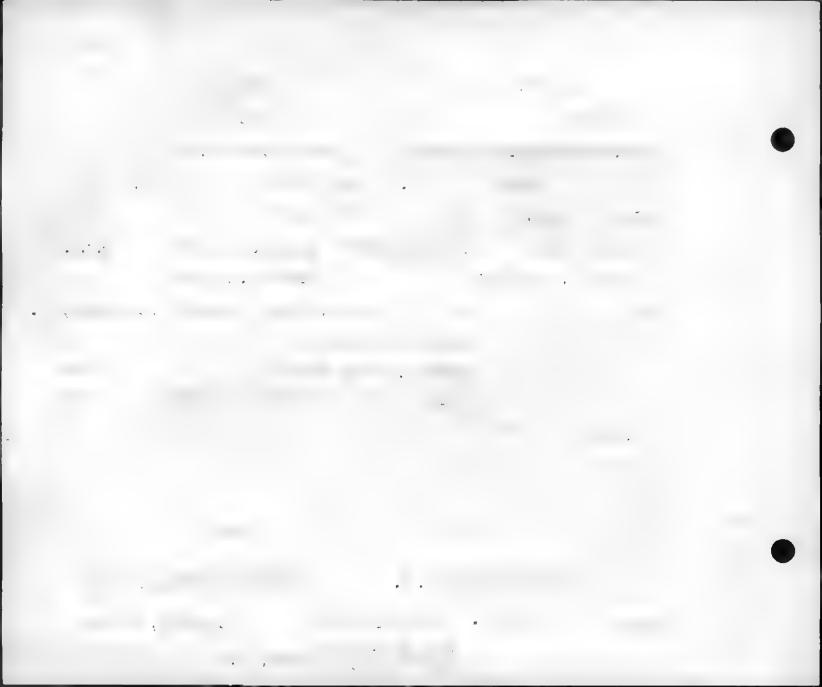
CERTIFICATE OF DEATH

13537

	CERTITICATE	OI DEATH		
PLACE OF DEATH O COUNTY BATTIMORE	MARYLAND	O STATE	Where deceased lived, if institution b COUNTY	Residence before admission)
b CITY OR TOWN (if outside corporate limits,	C LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside corporate limits, write RURAL i	and give nearest town)
FORT HOWARD	606 DAYS	BALTI	MORE	-
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, g	ve street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HO	SPITAL	5601 BIRCH	WOOD AVENUE	YES NO X
NAME OF First	Middle	tost	4 DATE Month	Doy Year
(Type or pnnt) JOHN	R. N	AC CUBBIN	DEATH OCTOBER	6 19 67
S SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
	DIVORCED	8/15/87	last p-rhdoy) Mo	
	ID OF BUSINESS OR	11 BIRTHPLACE (County	& Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
INSURANCE AGENT INS	SURANCE COMPAN		E, MARYLAND	U.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN		
WILLIAM F. MAC CUBBIN			e. Staylor	
Nec an accombinational life yes and war or dates of condeal		INFORMANT	Address	
YES WW I 2	14 03 11 45 CL	IN RECORDS,	VA HOSPITAL, FI	HOWARD, MD.
1B CAUSE OF DEATH (Enter only one couse per line for PART 1 DEATH WAS CAUSED BY.				NTERVAL BETWEEN ONSEL AND DEATH
14 9 9 / IMMEDIATE CAUSE (6)	EBRAL HEMORRHA	(il)		2 WEEKS
Conditions, if any, which gave)	EBRAL VASCULAR	TOPACE		YEARS
nse to immediate couse (a).	EBRAL VADCULAR	DIDEMBE		Timuriko
Stoting the underlying couse (ERIOSCLEROTIC	CARDIOVASCU	IAR DISEASE	YEARS
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIABETES MELLITUS 206 ACCIDENT WAS UNDERLYING 206 DES	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ND TON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port 1 or Port II of #em 18)	
20c TIME OF INJURY Month, Doy, Yeor Hour's m. 19 While of work	Not While foct	CE OF INJURY (Home, for tory, street, office bldg., etc.		(County) (State)
21. I certify that (this haspital) attends saw the deceased alive on 10/6/67			19, to_ 10/6/67 6:00A M, fram causes ond	, 19, that (we) los
220 SIGNATURE	1/			22b DATE SIGNED
Chong hoos	2 Have MI	ATTENDING PHYS	MED. STAFF PHYS	10/6/67
22c PHYSICIAN S NAME (Type) CHONG CHOON HAN	, M. D.	22d ADDRESS VAH	FORT HOWARD, MAR	
230 BURIAL, (REMATION, REMOVAL (Specify) 16/10/67	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)
BURIAL (Specify) 24. FUNERAL DIRECTOR	PARKWOOD CE		BALTIMORE, MA	
1	RUCK FUNERAL H	OME 250. RES	CT KYPTIKAK 1967° KEGET	RAR'S SIGNATURE
	ARFORD ROAD	PATRITURE	MD.	0 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 25M 1/

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages. I and 2 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.





MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13539 CERTIFICATE OF within 24 hours ofter death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ${\cal B}$ o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate timits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) TOWSON TONS VI e. IS RESIDENCE ON A FARM? d STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2706 JOPPA NOC NAME OF 4. DATE First Middle Month Dov Year DECEASED OF. 007 Joseph 196 (Type or print) DEATH law requires that the death certificate be executed compl S SEX DATE OF BIRTH .F UNDER YEAR IF UNDER AGE (in years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost b rthday) Months Doys Hours 28, Oct M buriol, cremation, or removal, and in any gnd (18o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 11 RIRTHPLACE (County & State, or foreign country) during most of working lift, even if retired) physician on please COUNTRY? U.S.A. 13. FATHER'S NAME VINZZINA offending p 17. INFORMAN' 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse peen be detoched for use as the State Dept. af Health prior to 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate has CERT FICATION YES [NO 200 ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year (C ty or town) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased fram 1962, to. be retoined and that death occurred at 7.30 M, from couses and on the date stated above. saw the deceased alive an 220 SIGNATURE ATTENDING DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL 133 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) 25a RECID BY REGISTRAR 2Sb. REGISTRAR S VR A15 (4) 25M 1/67 1967 DATACT



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013541

	lived, if institution Residence before admission					
O. COUNTY Baltimore MARYLAND O STATE Md.	P COUNTY					
	limits, write RURAL and give nearest town)					
write RURAL and give nearest town)						
d. NAME OF HOSPITA, OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS d. STREET ADDRESS	e IS RES DENCE					
and the state of t	ON A FARM?					
Armacost Nursing Home 1522 Lakeside	2 tive. YES NO A					
3. NAME OF First Middle Last 4 DATE OF	Month Day Year					
(Type or print) Regina J. Mardaga DEATH_	October 16, 1967					
S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED B DATE OF 8 RTH 9.	AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS					
female white WIDOWED DIVORCED May 24, 1870.	Jasy birthday) Months Doys Hours Min.					
10a USUA, OCCUPATION (Give kind of work done 10b. KiND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fore	gn country) 12 CITIZEN OF WHAT					
during most of working Life, eyen if retired) INDUSTRY Meryland	COUNTRY? USA					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
Louis Mardaga	Mary Grob					
. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT	Address					
(Yes, no grunknawn) (If yes give war ar dates of service) 216-56-3286-J1 Mrs. Jessie M. Hoec	k (Same)					
	INTERVAL BETWEEN					
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. MAMEDIATE CAUSE (a) Part 1. DEATH WAS CAUSED BY. Part 1. DEATH WAS CAUSED BY. Part 2. Death Was Caused By. Part 2. Death Was Caused By. Part 3. Death Was Caused By. Part 4. Death Was Caused By. Part 5. Death Was Caused By. Part 5. Death Was Caused By. Part 6. Death Was Caused By. Part 6. Death Was Caused By. Part 6. Death Was Caused By. Part 7. Death Was Caused By. Part 6. Death Was Caused By. Part 7. Death Was Caused By. Part 6. Death Was Caused By. Part 7. Death Was Caused By.						
IMMEDIATE CAUSE (0) Le an enal 12 ed Antonioseloros	Many years					
DUE TO						
Conditions, if any, which gave (b)						
nse to immediate cause (o), stating the underlying cause DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY					
NO	PERFORMED?					
205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part						
E DR CONTRIBUTING □ CAUSE OF DEATH	, o, tion 163					
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INVERY Manth. Day. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f.	(City or town) (County) (Stota)					
Hour o.m. While Nat While (foctory, street, affice bldg, etc.)	(cut or rown) (count) (24019)					
p.m. otwark — at work —	- All the state of					
21. I certify that (I) (this hospital) attended the deceased fram (901. 6 , 1901, to						
saw the deceased alive an Octo 12 19 6 2 and that death accurred at 5:30/M,						
220 SIGNATURE ATTENDING MED	STAFF 22b DATE SIGNED					
Loy /1. Jumemen M.D PHYS. DIRECTOR PHYS. 10/16/61						
22c. PHYSICIAN'S 1 22d. ADDRESS 1	RIBITE MI					
NAME (Type) Loy Mil. Limmerman 19.0. 3202 Hartord	110, Nationer Pla					
	ATION (City or Tawn) (County) (State)					
	ATION (City or Tawn) (Caunty) (State) Baltimore , Md.					
REMOVALISM 10/19/67. Holy Redeemer Cemetery 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRA	Baltimore, Md.					

order Geenth 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has b≡n signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state of the state TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



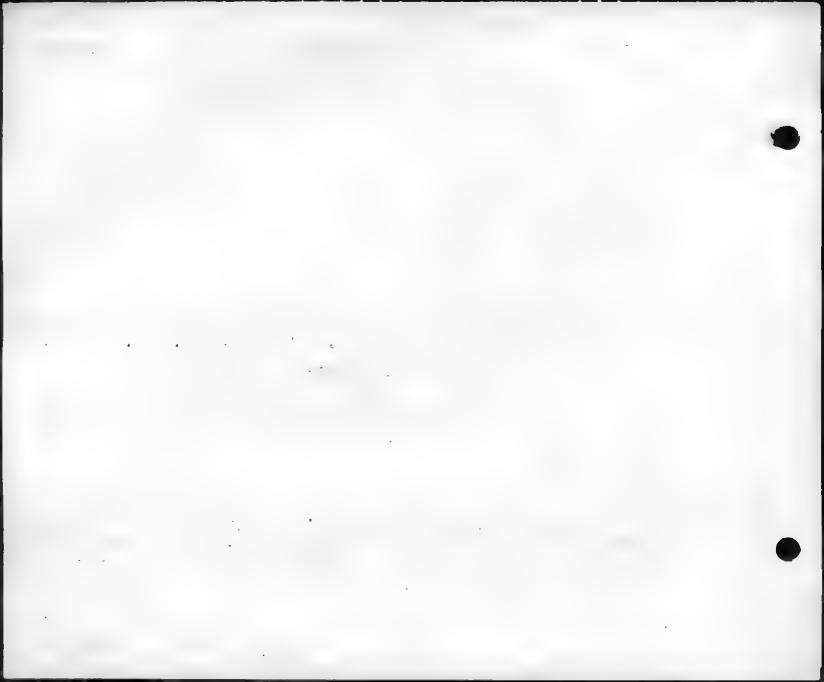
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

401	537		CERTIFIC	ATE	OF DEATH			-	135	42	
1. PLACE OF DE a. COUNTY	Baltimo	re	MARYLAN	VD.	2 USUAL RESIDENCE (* 0. STATE Ma	Where deceased	lived, if institut b. COUI		ce before	odmissi	on)
6 CITY OR TO write RUR Cat	OWN (If autside carparate lim AL and give nearest town) ONSVILLE	ifs,	9yr8mth8dy	_	c. CITY OR TOWN (If or Bultimo		omits, write RU	RAL and give	neorest	town)	٧
d. NAME OF F	OSPITAL OR INSTITUTION (IF		ve street address) ITAL		d STREET ADDRESS 808 West 1	Lombard	Street	,		ON A F	DENCE ARM? NO
3 NAME OF DECEASED (Type or pon		seph	Middle	Į.	lost latus	4 DATE OF DEATH	Mon' Oct	ober	Doy 28	Ye 19	67
s sex	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED [DIVORCED [3 ■	1898	6	AGE (In years last birthday) 9 yrs	Months 1	Doys Doys	Hours	Min.
			D OF BUSINESS OR USTRY		11 BIRTHPLACE (County Lithua) 14 MOTHER'S MAIDEN	nia	gn country)	(0)	IZEN OF UNTRY? S.	WHAT	
	n Matus ED EVER IN U.S. ARMED FORCES	2 16.5	OCIAL SECURITY NO	17 11	Anile		Addro	9SS	_		
(Yes, na, ar unkn	own) (If yes give war ar date:	f	2-22-8076			RING G		TATE		PITA	
1B. CAÜSE PART	PART I. DEATH WAS CAUSE BY: Bronchopneumonia, bilateral, org. unk.								LONSET AND DEATH		
rise to Imm	if any, which gave	(b) Bron	chitis, o	hri	onic				10	ув	ars
PART II. OT	ter SIGNIFICANT CONDITIONS									WAS AUT PERFORM S	OPSY NED? NO [
OR CONTRIB	NT WAS UNDERLYING [] Uting [] Cause of Death Otify Medical Examiner)	205. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port i or Port II	of item 18.)				
₩ Ho	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Harne, farm, low or town) (County) (State) Hour a.m. 19 Ant While at wark at work										
sow t	21. I certify that (4) (this haspital) attended the deceased fram Feb, 20, 1958 to Uct. 28, 19 67, that (4) (we) los sow the deceased alive on Oct. 28 19 67, and that death accurred at M, from causes and on the date stated above										
22o. SIGN/	elletter.	7. / 4	follow!	NY:S	ATTENDING PHYS. 22d ADDRESS S	MED. DIRECTOR	STAFF PHYS.	10	-20-	67	DAY
22c PHYSI NAME	(Type) Anthony				В	PRING altimor	GROVE • Mary	STA E		SPI 8	EAL
230 BURIAL, CRI REMOVAL (S	(pegfy) 11/3	HEREOF 7	OAKLAND		rt.	P	TION (City or To	Phil		- 1	State) PA.
24. FUNERAL D		e pr	lily Da		2Sq REC	DV REGISTRAR	1987 Sb. RI	PELLES	PATUR	und	sc.

VR A15 (4) 20 M 1/66

Es macmelle

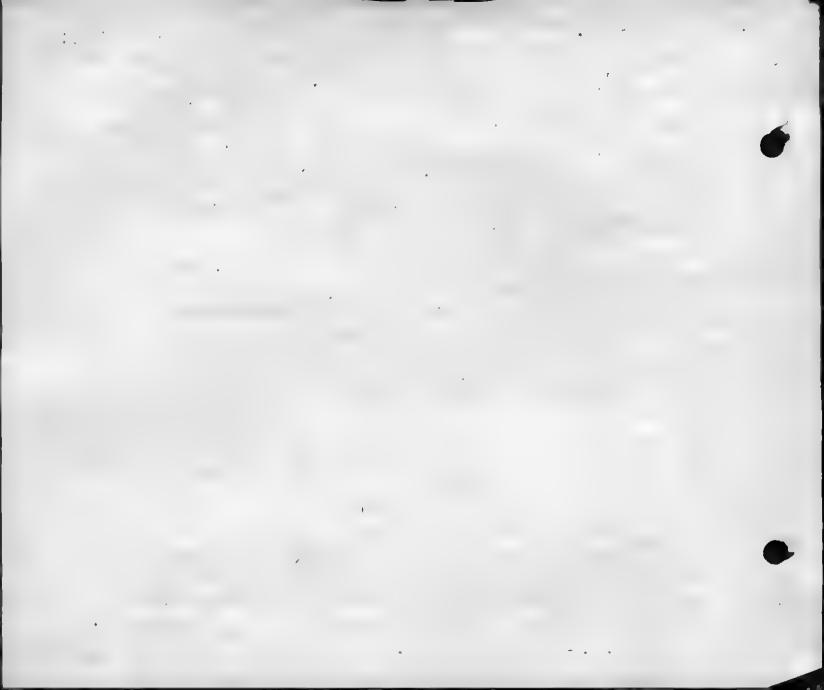


VR A15

BYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH & d Film #31V4 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY BAITIMORE MARYLAND Md. b. CITY OR TOWN (if outside corporate limits, Cutoris VIII) c CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) OF STAY IN 16 write RURAL and give nearest town) Hause in the Pines Nuising Home 5313 Edmondson Ave d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a IS RESIDENCE ON A FARM? YES NO 3. NAME OF Akadelan Month DECEASED KATHERINE (Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR last birthdey) Months WIDOWED [DIVORCED K 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) IISA Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie E. Lefeure George Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Address [Yes, no, or unkown) | (If yes give war or detes of service) Richard Gilber Equitable Building 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (6) geve zise to immediate cause C.CV.D DUE TO Vears (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) fectory, street, office bldg . etc.) While Not White at work at work 21 I certify that (I) (this hospital) attended the deceased from. May 24 ..., 1967, to 19,63, that (I) (we) last * 19.6.1., and that death occurred at I A.M. from the causes and on the date stated above. saw the deceased alive on, 22e SIGNATURE DATE SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Western Cemetery Baltimore, Md. Burial 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Charles

Witzke F. D. - 4101 Edmondson Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the final Pages 1 urs after Maryland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. re. hours 21212 .Ξ Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Harwood 620 Greater Baltimore Medical Center Ave. YES NO X executed-within 3. NAME DE completel e carbon ē Middle Last DATE Month Year DECEASED OF (Type or print) DEATH Dominic McEvoy 10 1967 Joseph 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) | Months | remo Days Hours Male 10 59 Caucasion WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR .5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) .S. Gov t. U.S.A. Cartographer Baltimore, Md. ᇻ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Peter J. McEvoy Anna Krestel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or dates of service) 218-09-7488 No Mrs. Beatrice W. McEvoy Same cremation, been signed by the strangit to the burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Bronchopneumon1a 163X DUE TO Carcinoma of lung Conditions, If any, which ' gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY After this certificate had be detached for use State Dept. of Health is for use Health CERTIFICAT PERFORMED? YES X NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) After this Id be detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: At age 3 should lifed with the S 19.67 to 10-17 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from-10 - 1419 67, and that death occurred at 9: 28 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED þe page DIRECTOR . PHYS. 10/17/67 PHYS. TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) John E. Adams, M.D. 6701 N. Charles Street, Balto., Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Moreland Mem. Parkville Balto Co REC'D BY REGISTRAR'S SIGNATURI ADDRESS FUNERAL DIRECTOR Sons Co. York Rd. 1967 Charles Jusy VR A15 (4) 1/65



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
(30.7)	CERTIFICATE OF DEATH
hours after death, d in by the funeral gs. Pages and 2 c hours after death	No. 10 to 10
er d	a. COUNTY Baltimore MARYLANO 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence delore aumission) a. STATE M. Baltimore MARYLANO ACCOUNTY Baltimore
by the Pages urs aft	D. CITY OR TOWN (IT OUTSIDE COPPORATE HIMES, WITH RURAL and give nearest form)
in by s. Pag hours	Stoneleigh 21 Mos. Baltimore
24 h	ON A FARM?
executed within and completely remove carbon any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DEATH Oct. 8, 1967
cuted w d compl nove car y event;	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. iast birthday) Months Days Hours Min.
execu and remo	Female White widowed Divorced Feb. 24, 1890 77 yrs.
	during most of working life, even if retired) INDUSTRY COUNTRY?
ohysi al, al	Housework At Home Md. U.S.A.
eath certifica attending ph ermit. Then on, or remova	George McGee Elizabeth Mark
h ce tend nit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service)]
e deat the at it pern attion,	No Virginia McGee 6010 Falkirk Rd. 18. CAUSE OF DEATH [Enter only one source per time for (a)-(b), and (c).]
<u>-</u> = > \(\sigma \)	PART I. DEATH WAS CAUSED BY:
that lician ned M-tra	15 3 2 IMMEDIATE CAUSE IN THE C
phys phys buris buris	Conditions, If any, which (b) Itempres of because of
N. The law requires that that that on attending physician. Hiffcate has been signed befor use as the burial-trant Health prior to berial, cre	gave rise to immediate cause (a), stating the OUE TO
law ttten has as prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The or a sate cate ealth	YES NO PERFORMENT.
PHYSICIAN: The law the hospital or atten this certificate has detached for use as e Dept, of health prin	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	<u> </u>
	Hour a.m. While Not While factory, street, office bidg., etc.)
DING ed by Id be	21. I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1967 that (I) (this hospital) attended the deceased from 1967, to 1967,
OR ATTENDING by be retained by INRECTOR: After ge 3 mould be with the State	saw the deceased alive on to Coclober 19 67, and that death occurred at 7 M, from the causes and on the date stated above.
JR A De re PREC e 3	22a. STENATURE 22b. DATE SIGNED M.D. ATTENDING MEDITOR PHYS. 22b. DATE SIGNED 10 10 10
SPITAL (4 may leral D tor, pag d be file	22c. PHYSICIAN'S NAME (Type) ADDRESS ADDRESS ADDRESS
HOSPIT age 4 r FUNER rector,	1/2/12/10/00/00/1/1/1/20/ JONNIG 2/14-
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR. 4 director, page 3 mhould Should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 10 12 1067 Townsing Panyle Woodlawn, Md.
01	Burial 10-12-1967 Lorraine Park Woodulawit, Ind.
VR A15 (4)	G. Howard Strong 3207 W. North Ave., part 1 3 1967 Icharles Judge
15M 4-64	



TO FUNERAL DIRECTOR: After this certificate þ Page 4 may be retained should ന director, page shauld be filed VR A15 (4) 20 M 1/66

NAME^I(Type)

24 hours after death.

requires that the death certificate be executed within

feled II

campletely

On I

physician

has been

NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) Balto. Md. New Cathedral Com 24 FUNERAL DIRECTOR Kenny Inc. 25b REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR

1.3547

Days

12 CITIZEN OF WHAT

COUNTRY?

(County)

22b DATE SIGNED

e IS RESIDENCE

ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN CONSELAND DEATH

WAS AUTOPSY

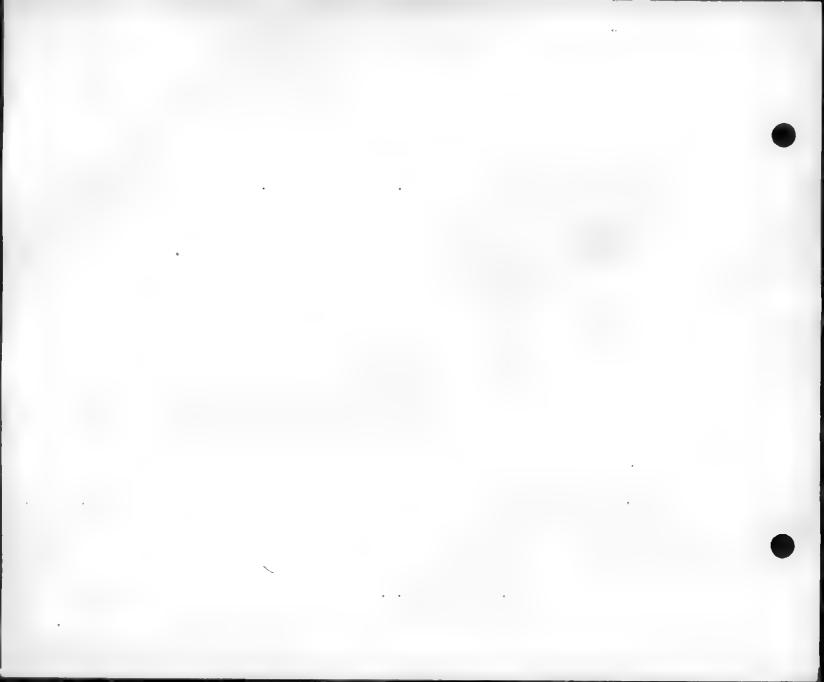
PERFORMED?

NO

(State)

NO

\$2.



AND RECORD **BALTIMORE 1, MARYLAND** OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss on) b. COUNTY a. STATE 124 c. CITY OR TOWN (If outside corporate limits, write RURAL \$45 give nearest town) MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SEX e. IS RESIDENCE ON A FARM? YES NO P HCME 3. NAME OF DECEASED (Type or print) DEATH 5. SEX COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) ZEZ STEVENS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if eny, which geva rise to immediate cause DUE TO [e], stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 2De, PLACE OF tNJURY (Home, farm, 20f, [City or fown) (Stote) 2Dc. TiME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While at work at work D.89. sed from 1965, to 95, to 1967, that (I) (we) last and that death occured at M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from ATTENDING DIRECTOR PHYS. death. Page TO FUNERAL director, page be filed with the PHYS, 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) BURLAL VR A1S (4) 1SM 7 61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3548	·		CERTIF	ICATE	OF DEATH		•	15			
a. ((ltimore		MAR1	YLAND	2. USUAL RESIDENCE o STATE Man	Where dece yland		0.00	s dence befor Baltim		n)
b. (1	TY OR TOWN (III	outside corporate limits give nearest tawn) WSON		c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo rson	rate limits, write	RURAL ond	give neares	it town)	f
d N		OR INSTITUTION (If no O E. Joppa		ive street address)		d STREET ADDRESS 900	E. Jo	pppa Ro	oad		e. IS RES C ON A FA YES	NO P
3 NAN DECI (Typ-	NE OF EASED e ar pent)	Wil]		Middle Herbert		lost Medill	4 DATE OF DEAT	0	Month	30 Day	19 (57
s sex	ale	white	WIDOWED	NEVER MARRIE		July 16,		9 AGE (In year last b rihdar 66 yi	y) Mont		Haurs	Min Min
during n	JAL OCCUPATION	(Give kind of work dane te even fretired)	10b KI IN	nd of Business or Dustraeal Es	tate	11 BIRTHPLACE (Cour Baltin		foreign country) /larylanc		2 CIT ZEN OF COUNTRY?	USA	
13. FA	THER'S NAME	Willian	r. Me	edill		14. MOTHER'S MAIDE		Joynes				
(Yes, no		IN U.S. ARMED FORCES? (If yes give war or dates of		SOCIAL SECURITY NO		NFORMANT ssie G. Me	dill	,	Address 900 E	E. Jop	pa R	d,
nsi sta las	nditions, if ony, e to immediate ting the under t.	ying cause DUE	(c)							10	WAS AUTO	DRCV
CATION	a. ACCIDENT WAS	INDERLYING C				Enter nature of injury					PERFORM	ED?
	CONTRIBUTING EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)						(City ar town		(County)		State)
MED.CAL	Hour ал р.п	. 19	While at war	k Lul at wark Lul	facto	E OF INJURY (Hame, for any, street, affice bldg., e	tc.)					
	saw the de	y that (I) (this has ceased alive an	oital) attend 10 9 7	ded the deceased	from and that	death occurred	, 19 <u> </u>	ta <u>/O/s</u> M, fram cau	ses and c	on the dat	te stated	we) la I abov
		eauow X.	Va	mode	л.м	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22	b. DATE SIGN	iED	
	PHYSICIAN'S NAME (Type)		mody					N. Char		St.		
eri 24 Fl	URIAL, CREMATIO EMOVAL (Specify) Loth Directo Ineral Directo	t 11/2/6	57	ADDRESS	ine F	ark Cem.	23d.	Balto TRAR. 258	REGISTRA	(County VIC) R'S SIGNATU		tate)
		Wiedefeld H	Iome 6	500 York R	oad	DATE	10V 9	1967	gili	orles	Judy	Z.

ofter death.

hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the hospitol or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13345			CERTIF	ICATE	OF DEATH			1354	37
	inore			YLAND	2. USUAL RESIDENCE (V	lend	P. COAN	M althuo	re .
b CITY OR TOWN (If ou watte RURAL and give a Ster	e negrest tawn)		LENGTH OF STAY I		c CHY OR TOWN (If ou	tside corporate t		AL and give near	est town)
	R INSTITUTION (If not in	haspitai, givi	e street address)		d STREET ADDRESS Chror	memine	Rd.		e S RESIDENCE ON A FARM? YES NO D
3 NAME OF (Type or pont)	First ELL: 1	\	Middle V TP GT	JT A	Last	4. DATE OF DEATH	Month	_	
S SEX 6	COLOR OR RACE 7.	MARRIED 5	NEVER MARRIED			9 A	GE (In years ust pirthday)	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HR
100 USUA. OCCUPATION (G value)	re kind of work done		OF BUSINESS OR ISTRY	, [] ,	11. BIRTHPLACE (County) Ellicott	& State, or foreign		12 (ITIZEN COUNTRY	DF WHAT
	. Hannon				14 MOTHER'S MAIDEN N	L. Mo	ris		
15. WAS DECEASED EVER IN (Yes no or unknown) (If y	U.S. ARMED FORCES? es give war or dates of se	ncicol	one		NFORMANT S.Evelyn S	Sibley	Chroni Pelst	emine 1	Rd.
PART 1 DEATH W Canditions, if any, wh rise to immediate co stating the underlyin lost.	IMMEDIATE CAUSE (a) DUE TO ich gave (b) (b) USE (a),		myho	un.	- aldn	una	<u> </u>	30	INSET AND DEATH
PART II OTHER SIGNIF	ICANT CONDITIONS CONTI	RIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE (ON	ND HON GIVEN IN	PART I(a)		WAS ALTOPSY PERFORMED? YES NO 5
200 ACCIDENT WAS UNION OR CONTRIBUTING CIC. (IF EITHER, NOTIFY MED)	AUSE OF DEATH	206 DESCR	RIBE HOW INJURY O	CCURRED. (Enter nature of injury in I	Part I or Part II	of item 18.)		
29c TIME OF INJURY Hour o.m. p.m.	Man#h, Doγ, Year 19	20d INJU While of work	JRY OCCURRED Not While at work		E OF INJURY (Home, farm rry, street, affice bldg., etc.)		ity or town)	(County)	(Stote)
say the decea	hat (I) (this haspite ised alive an Oct	1), attende	d the deceased	fram. and that	death occurred at	967, to_1 M, fi	om couses o	7, 19 <u>6</u> / t and an the da	that (I) (we) lite stated aba
22c PHYSICIAN'S NAME (Type)	ENG.	fill	(ma)	M.D	236 ADDRESS	MED DIRECTOR	STAFF PHYS	226. DATE SIG	
230 BURIAL, (REMATION, REMOVAL (Specify)	23b DATE THEREO Cct.30	F	18. M.D. 23c NAME OF CEMI Stone	ETERY OR (REMATORY Del Cemet	23d LOCAD	ON (City of low ikesvi		ry) (State)
24. FUNERAL DIRECTOR	barelt		ADDRESS Owings	iill	S, Td DATE C	BY REGISTRAR T 3 1 18		SISTRAR S SIGNATU	Judge

a, 24 hours ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State D≡pt, of Health prior to burial, cremation, or re≡oval, and in a≡y event, within 72 hours off TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH
-l.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
, /	13550 CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY
77	a. COUNTY & CONSOLISTORY ALTON STATE
1)	b. CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) write RURAL and give nearest town)
	Londoldown 2 day Candallstown
	d. NAME OF HOSP, TALL OR INSTITUTION (if not in bospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	3. NAME OF GYPTY CENELY World Lest / 4. DATE Month / Day Yaar
	DECEASED (Type or print) X/0/00 R Molisile DEATH 10/29/07 19
	5 SEX 6/ COLOR OR BACEY MADDIED TO NEVER MADDIED TO 18 DATE OF BIRTH / 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Fond White WIDOWED DIVORCED 1/4/9/ last burthday Months Days Hours Min.
	10a. USUAL OCCUPATION (6 ve kind of work done doring for observing life fever if relied) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & Stella, or lore gn coccity) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE PENNSYLVINO USA
	13. FATHER'S MAIDEN NAME
	Com. D. Underwood Comma Hulman
	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yos, no, or unknown) (fyesg iva war or datas of service) (Yos, no, or unknown) (fyesg iva war or datas of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
	PART I. DEATH WAS CAUSED BY; Senere COROLARY atherosclerous - Thomber's Atcoron ARZ ONSET AND DEATH
	Conditions, if any, which OLD myolardial infarcts (2), Left writer IVS
	gava rise to immediate cause (a), stating the underlying DUE TO
	causa last (c) Myocaratal - Coroning wearfullity
	PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(6, 19, WAS AUTOPSY PERFORMED? TERMINATED AS DIVINE OF GOATING CONDUCTION OF THE PROPERTY OF THE P
	Territor of Spiration of Garne Civility Into respiratory Irel. YES NO 12 200. ACC DENT WAS UNDERLYING 2 200. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part for Pert II of Item 18)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 At work at work
	21. I certify that (I) (this hospital) attended the deceased from
ĺ	saw the deceased alive on
	226. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED
	226, PHYS CIAN'S DIRECTOR PHYS W 10-29-67
	NAME (Type) ROLANDO A. MADAMIZA Bact C) Lew Mass
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF CHAPTERS (State)
	Burial 11/1/67 Dried Ridge Likesville Mid.
1	24 FUNEBAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
5	I string fylas flueral page of 118 many 16 May 16 1001

Hr. r.

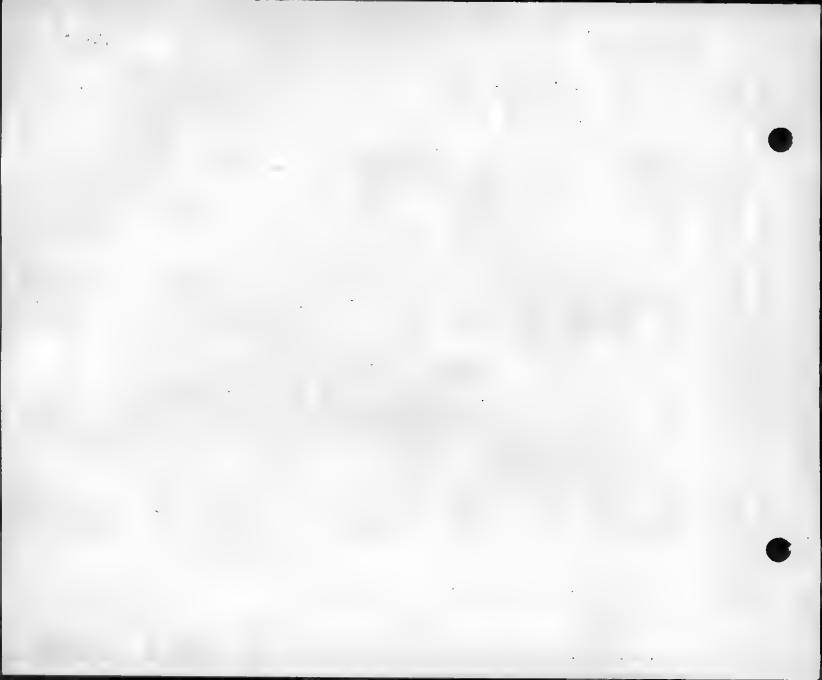
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tineral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Tages 1, and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13551

-	UU T 6	KIIFICAIE OF DEA	41 FT	XOOOT
1,	PLACE OF DEATH	2. USUAL RES	IDENCE (Where deceased lived, If Ins	titution: Residence before admission)
	8. COUNTY RALTIMORE	a. STATE	MARYLAND b. COUN	Rolle
	b. CITY OR TOWN (If outside corporate limits, c. LENGT)	MARYLAND C. CITY OR TOV	VN (If outside corporete limits, wr	te RURAL and give nearest town)
	write RURAL and give nearest town)	36500	Du Dan La	and Aread
	KURNE WOUDLAWN 75	YEHPS.	KONAC -ME	SOOLAWIT
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street address) d. STREET ADD	RESS	e. IS RESIDENCE ON A FARM?
	6721 WINDSOR MUL RA	672	1 MANOSOR MILL	YES NO
3.	NAME OF First M	iddle Last	4. DATE Monty	Day Year
	OECEASED (Type or print) FREDERICE A	UCUST METI	OF DEATH	0 14 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRT	H 9. AGE (In years)	Months Days Hours Min.
	WIDOWED Z	DIVORCED 129	1.10.00	Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS		CE (County & State, or foreign country) 12. CITIZEN OF WHAT
	ing most of working life, even if retired) INDUSTRY	,	Of Miles	COUNTRY?
6	Tune of Minny to. aster to		ero, /1 evyrant	10.2./1
13.	FATHER'S NAME	14. MOTHER'S	MATDEN NAME /	
	FREDERICK AUGUST M	787/		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC is, no, or unknown) (Uf yes give war or dates of service)		Addres	55 BACTO. 24707 MA
(16	VIII WORLD WARL 216-03-	3968 /1us Fran	un Mill 6721	WINDSOR MILL PL
-7	18. CAUSE OF DEATH [Enter only one cause per line for (a),			I INTERVAL BETWEEN
Ш	DADT I DEATH WAS CALLEED DV.		RT DISEASE	ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	NERATIVE HEAD	4 DISCHUG	5 M VATAS
Н	5 du, of DUE TO	0718.111		_
Ш	Conditions, If any, which gave rise to immediate (b)	51/60315		
H	cause (a), stating the DUE TO	La River - Britis	e-selevotosti x1	Intere My war
_	underlying cause last. (c)	400000	-y Julian J.	
흔	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY PERFORMED?
S				YES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H	IOW INJURY OCCURRED. (Enter nat	ure of injury in Part I or Part II o	of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL		URRED 1208, PLACE OF INJURY (Ho	me, farm, 20f. (City or town)	(County) (State)
MEDIC	Hour a.m. While - Not W		ld g., etc.)	
M	p.m. 19 at work et wo	land a day	ALT ALTERNATION	
	21. I certify that (I) (this hospital) attended the dec	eased from /7/19/10	_ 1956 to OCT.	, 19_6_/_, that (I) (we' last
Н	saw the deceased alive Dn OC-T. 3.19	A and that death occurred	at 200 M, from the causes	
П	22a. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE SIGNED
Н	Tame Wrugens	M.D. PHYS.	DIRECTOR L PHYS. L	
	22c. PHYSICIAN'S NAME (Type)	22d ADDRE	SS CALL BY	84 2 70 11 1
	ELWIN L.PIERP	ONT, M.U. OPOY	-LIBERTY Ka. B.	50,2120. Ma.
23a		ME OF CEMETERY OR GREMATORY	23d. LOCATION (City, to	own or county) (State)
		ME OF SEMETERT OR SECURITORS		
1	BREMOVAL (Specify) 10-7-67 W/A	ALAINN COMETE	RU -BALTO-M	/-
24.	JURIAL 16-7-61 WOO	MLAUN Cemete	RU BALTO-M. REC'D BY REGISTRAR 1256. B	FUSTRAR'S SIGNATURE Cliantes Vinde



SOD STATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12548

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-7	3552	
- 10	4 9 9	
- 4	0 70 Fu Bar	

TOR TIME	13552
	ere deceased lived, il institution. Residence before admission)
a COUNTY BALTIMORE MARYLAND O. STATE MARYLAND Maryland	nd Baltimore.
b CITY OR TOWN (If outs de corporate limits, C LENGTH OF STAY IN 16 C CITY OR TOWN (If outs.	de carporate limits, write RURAL and give nearest tawn)
write RURAL and give nearest town) Towson Towson	* /
d NAME OF HOSPITAL OR INST TUTION (If not in hospital in view street address) I d STREET ADDRESS	e S RESIDENCE
2.9 9 1 O LOMDARDY UE. 6 Lombard	ON A FARM?
Lombardy Ct. Charles Parker Michel Sex 6 Color or race 1 7 Married Never macried A B. Date of Birth	4 DATE Manth Day Year
3 NAME OF First Middle Last A DECEASED (Type or pr nt) CHARLES PARKER MICHEL	OF DEATH 10 4 19 67
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED & B. DATE OF BIRTH	9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS
inale White WIDOWED DIVORCED lay 23, 1948	lost birthday) Months Days Hours Min
3 NAME OF DECEASED (Type or pr mt) CHARLES PARKER MICHEL 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 10 USUAL OCCUPATION (G ve kind of work done dyang propt of workings life, even if refirred) 100 USUAL OCCUPATION (G ve kind of work done dyang propt of workings life, even if refirred) 100 USUAL OCCUPATION (G ve kind of work done dyang propt of workings life, even if refirred) 100 USUAL OCCUPATION (G ve kind of work done dyang propt of workings life, even if refirred)	fore gn (auntry) 12 CITIZEN OF WHAT
duang most of working life, eyen if refired) 2 = 2	LSH LSH
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Hanny O. Nichel Many Tan	WE
Harry O. Michel Mary Tan	ker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, np, or unknown) [If yes give war or dates of service] [Yes, np, or unknown) [If yes give war or dates of service]	Address
(Yes, no, or unknown) (If yes give war or dates of service) Family "e The CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	cords
The conditions, if any, which gave in the conditions in the condition in the conditions in the c	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of the chest	ONSET AND DEATH
Sold the sol	
PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Gunshot wound of the chest DUE TO Conditions, if any, which gove) rise to immediate cause (a),	
stoting the underlying couse DUE TO	
Storing the broadlying toolse	
DUE TO Conditions, if any, which gove nise to immediate cause (a), stoting the underlying couse lost PART II. OTHER S.GNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITIONS PART II. OTHER S.GNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITIONS PART II. OTHER S.GNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITIONS PRIMARY (20 EXTERNAL CAUSE WAS PRIMARY (20 OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITIONS Subject shot himself in the conditions of the c	TION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
200 EXTERNAL CAUSE WAS PRIMARY (20 or CONTRIBUTING CAUSE HOW INRY OCCURRED (Enter notice of njury in Par CAUSE OF DEATH CAUSE OF DEATH	YES X NO
PRIMARY (Aur CONTRIBUTING	rt Lar Part II of Item 1B.)
PRIMARY LOS OF CONTRIBUTING CAUSE OF DEATH Subject shot himself in the c 200 INJURY OCCURRED 200 PLACE OF INJURY Home, form	
Subject snot nimself in the control of the part of the	20f (City or town) (County) (State)
CAUSE OF DEATH Subject shot himself in the c 20c TME OF INJURY Month, Day Year Pm. ? 19 Of While of wark with the control of the remains described obove, held an Autapsy X, death resulted from Natural causes. Accudent Subject shot himself in the c 20d PLACE OF INJURY (Home, farm factory, street, affixe bldg, etc.) Home 21 I certify that I taak charge of the remains described obove, held an Autapsy X, death resulted from Natural causes.	Towson Balto. Md.
	Inspection , Inquiry , and 'n my opin o
death resulted from Natural causes . Accident . Suicide XX, Homicide .	
death resulted from Naturol causes , Accident , Suicide XX, Homecide CHIEF MEDICAL EX. ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGN	40 AA
ACTUAL SIGNATURE MEDICAL EXAMINER'S ACTUAL SIGNATURE MEDICAL EXAMINER'S ACTUAL SIGNATURE MEDICAL EXAMINER'S	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D. Address (Street, or Address (Street,	ity, tawn, or county) October 4, 1967
	23d LOCAT.ON (City or Town) (County) (State)
2 = 1 Prince REMOVAL (Specify) Oct. 5, 1967 Creenmount Cemetery	Baltimone, d.
24 FJNERAL DIRECTOR ADDRESS 250 RECID B	V DECISTRAD 256 DEC STRAD S SIGNAT . DE
John burns' Sons, Towson, Maryland DATE OCT	9 1967 yeliarles Judges



	CERTIFICATI	E OF DEATH		13552			
I PLACE OF DEATH			Where deceased lived, if institution	Residence befare admission)			
o. County Baltimore	MARYLAND	O STATE MARYLAND b. COUNTY FREDERICH					
b CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL	ond give neorest town)			
Mount Wilson	520 days	FREDE	FRICK	,			
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street address)	d. STREET ADDRESS		e IS RESIDENCE			
Mount Wilson State Hospi			IE. CHURCH ST.	ON A FARM? YES NO			
	TIS Middle MIL.	LBERRY	4 DATE Month OF DEATH	18 Doy Year 19 67			
S. SEX 6 COLOR OR RACE 7 MARRIED WIDOWEL		8 DATE OF BIRTH 12 - 8-0		FUNDER LYEAR IF UNDER 24 HRS Annths Doys Hours Min			
	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County MARYL	& State, or foreign country) AND	12" CITIZEN OF WHAT COUNTRY?			
13. FATHER S NAME		14. MOTHER'S MAIDEN I		<u> </u>			
HENRY MIL	LBERRY	413	7715				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	Address				
(Yes, no, ar unknown) (If yes give wor ar dotes of service)	17-10-0363 RA	cords at Mt.	Wilson State H	iospital			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY.				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (o)	TENC YEARS						
Conditions if any which save 5	URERCULOS	73'		THE TEALS			
[0]							
stoting the underlying couse ast.	OR PULL	IONALE					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO			
206 ACCIDENT WAS UNDERLYING I 206 I OR CONTRIBUTING ICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.	DESCRIBE HOW INJURY OCCURRED	(Enter noture of Injury in	Port I or Port II of item 18)				
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 White of two	le C Not While C for	ACE OF INJURY (Home, form ctory, street, office bldg , etc.)		(County) (State)			
21. 1 certify that (I) (this haspital) atte	nded the deceased from	4.29 1	966, to 10, 18	_, 1967, that (f) (we) last			
saw the deceased alive an 1011a	19 <u>67</u> , and the	at death accurred at,	1055 PM, fram causes and	d on the date stated above.			
220 SIGNATURE		ATTENDING	MED STAFF	22b. DATE SIGNED			
Murcimu	M	.D PHYS.	MED. STAFF DIRECTOR PHYS				
22c. PHISICIAN'S		22d ADDRESS					
NAME (Type) William Newcome	er, M.D.	Mount Wil	son, Maryland				
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)			
BREMOVAL (Specify) 10-23-67	FAITU'IEL	U	Frederick	Fred Md			
24 PUNERAL DIRECTOR	ADDRESS.		BY REGISTRAR 256 REGIS	TRAP SIGNATURE Judge			
(Mules Hicker hier	liver (me	DATE 10	OCT 2.4 196/	Francis Just			

Hickor Hidireck (mrs

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages, "beges I and shauld be filed with the State Dept of Health priar to burial, cremat an, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Relidence before admission) o. COUNTY Baltimore b COUNTY Baltimore Maryland MARYLAND c CITY OR TOWN (f outside corporate mits write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, PURAL and give nearest town) 12 Years Dundalk d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) 3520 Louth Road 3520 Louth Road YES NO 3 NAME OF Middle 4 DATE First Lost DECEMSED Willer Sr. David ₩. 67 October DEATH (Type or print) 5 SEX 6 COLOR OR RACE B DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthdoy) Months White Nov. 29, 1906 Male WIDOWED DIVORCED 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during set of working life, even if retired) American Standard Ohie 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Susie Niswonger Bert Miller 17 INFORMANT (Wife) Address Md. 21222 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service 218 05 21101 Mrs. Dorothy Miller, 3520 Louth Rd. Dundalk, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART | DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? CERTIFICATION 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN LRY OCCURRED (Enter notice of niury in Port (or Port II of item 1B) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c TIME OF NURY Month, Day Year (City or town) (County) (Stote) While Not While at work foctory, street, office bldg., etc.) Hour om 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 🛣 Inquiry 📆, and in my opinion deoth resulted fram Natural causes . Accident Suicide . Homicide Undetermined monner [6800 Mornington Rd CHIEF MEDICAL EXAMINER ACTUAL

3 shauld shauld b may be retained for your FUNERAL DIRECTOR: Page funera the 50 VR A15ME (5 6M 1/67

FOR STAI

2, and Page

farm

after death

within 72 haurs

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any (

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removal,

burial-transit permit. File

be used

be forwarded to the Chief Medical Examiner's Office along

certificate shauld be executed within

the ward

Pages

NAME Type) BUR AL CREMATION

SIGNATURE

23c NAME OF CEMETERY OR TREMATORY

Meadowridge Mem. Pk. Cem.

23d LOCATION (City or Town)

Address (Street city, town, or county) Nd. 21222

Dundalk,

(County)

24 FUNERAL DIRECTOR **ADDRESS**

10/6/67

250. REC D BY REGISTRAR

DEPLITY MEDICAL EXAMINER

Dorsey, Maryland 25b REG STRAR'S

John J. Duda, 7922 Wise Ave. Dundalk, Md.



DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		13550	CERTIFICATE	OF DEATH		13555			
			hore Maryland	2. USUAL RESIDENCE (a. STATE	Where deceased lived, if institut b COUI	non Res dence before admission) NTY			
,		b. CTY OR TOWN (If gryside corporate limits, write RURA, and sive nearest sown) AR NULLE E	LENGTH OF STAY IN 16	1	ofside orporate limits; write RU	Le ;			
4.4		d NAME OF HOSPITAL OR INSTITUTION HE not in Ka	R Hvc	d. STREET ADDRESS 1	TAYLOR	e IS RESIDENCE ON A FARM? YES NO			
	1	NAME OF DECEASED (Type or print) SEX 6. COTOR OR RACE 7 MA	Middle A	1,LLeR	4 DATE Mon	DOY YEAR 19 61 IF UNDER 1 YEAR 1 IF UNDER 24 HRS			
		AA 11/	ARRIED NEVER MARRIED BOOMED DIVORCED BOOMED DIVORCED BOOMED BOOME	AN 20 188	AGE (n yeors 7 Say bishay)	Months Doys Haurs Min.			
	duri	ing may of working life, even if retired)	PHOLISTRY Dept	14 MOTHER'S)MAIDEN		24 A			
		WAS DECEASED EVER IN U.S. ARMED FORCES?	Miller 16 SOCIAL SECURITY NO. 17	NFORMANT/	- 15	KAU			
	(Ye	s, no arunknown) (If yes give war ar dates af service	212-40-7229 (1	420 Line	M.LLex Addition	JAMIC			
		18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) S DIJE TO	Termond (c)	obor fo	balu are gove	INTERVAL BETWEEN ONSET AND DEATH			
		Conditions, if any, which gave nse ta immediate cause (a), stoting the underlying cause	Left ham toardio-vor	John or	a S deres	7 days			
	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERM NAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?			
0°4	L CERTIFICATION	20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (Port I or Part II of Item 18)	YES NO K			
	MEDICAL	20c TIME OF NIJRY Month, Day, Year Haur a m p.m. 19		E OF INJURY (Home, form ory, street, office bldg, etc		(County) (State)			
		21. I certify that (I) (this haspital) saw the deceased alive on Com		death accurred at	19 K 3 to (0 - t 20 32 M Arom couses	21, 1967, that (1) (we) las and on the date stated above			
		220 SIGNATURE CI-717. BORES M.D ATTENDING MED DIRECTOR STAFF 226 DATE SIGNED 10/23/67							
1		22c. PHYSICIANS A.M. B. M. B.	ACON	22d. ADDRESS	2810 TA	Loa Are			
		JOHN AL CREMATION, 23b DATE THEREOF OF 25.	1969 MORRLAND	MoriaL	23d LOCATION (City GR.To	TADA			
1	24	Thas, T. Evan, & Son	8802 HARTORD	Pare OI	AT 0 4 4007	Clearles Judge			

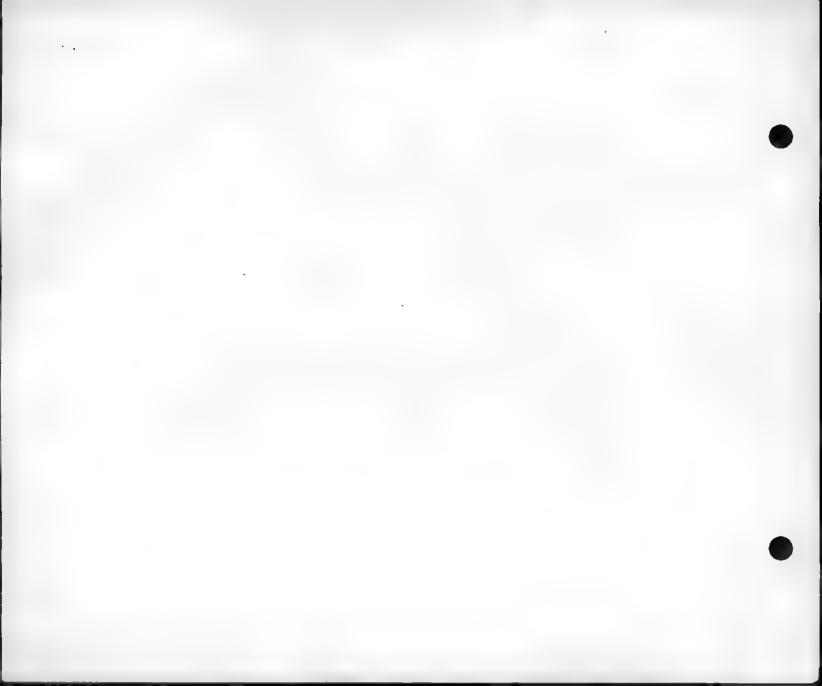
THE CONTRAL OF EXPLOSE PRYSICIAM: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bythe funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pepers—Pages—Lapd shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with A2 hours after rest Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) write RURAL and give nearest tawn)

Balt; more Radnor Rd d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Madnor YES NO 7 4. DATE OF DEATH NAME OF Doy Year DECEASED Stanley Joseph Her (Type or pnnt) 10 19 6 IF UNDER I YEAR 6 COLOR OR RACE 9 AGE (In years IF UNDER 24 FIRS MARRIED NEVER MARRIED last birthday) Dovs Haurs Male 21-23 Cau WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)

Office Manage COUNTRY? removol, and Baltimore manager Sculle 13. FATHER'S NAME John Miller signed by the attending burial-transit permit. The burial, cremation, or remo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) CALAD CAU INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gave nse ta immediate cause (a), stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TO HOSPITAL OR ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING . 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Harne, farm, 20d INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg , etc.) Haur a.m. Nat While at wark at wark , 19 67, to Oct 28, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Page 4 may be retained saw the deceased alive an Oct. 28 19 6 7, and that death accurred at 240PM, from causes and an the date stated above 22a SIGNATURE 22b DATE S GNED - 2.8 director, page 3 should be filed v DIRECTOR 22d ADDRESS Y'EW COL 23b DATE THEREO NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 256 REGISTRAR S. SIGNA VR A15 (4) 25M 1/67



Comment of the Commen		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
# #WE		13552 CERTIFICATE OF DEATH	13557
The state of the s	1.	PLACE OF DEATH a. COUNTY B. STATE D. COUNTY D. COUNTY	Residence before admission
after by the ages 1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL)	L end give nearest town
hours d in by	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
thin 7		6411 BANDUNG Rd 6411 DANBURY Rd	YES NO S
th certificate be executed within 24 hours after tending physician and completely filled in by the int. Then please remove carbon, papers. Pages I or removal, and in any event, within 72 hours after	3.	NAME OF DECEASED (1/00/17/1/2/ D) Middle Miller Last 4. DATE Month OF DECEASED (1/00/17/1/2/ D) DEATH OCT	Day Year /2 1967
executed	5.	last pirthday) Months	R 1 YEAR FUNDER 24 HR
e exe lan ≡ se ren d in ar	10: du	. USUAL OCCUPATION (GIVE KIND of BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
ohysic pleas al, and	13	Welder Shin Building CERrell to Mel	USA
certificate be nding physiclar Then please removal, and i	-46	DAVID R. Miller Winnie M Davi	15
law requires that the death certifi attending physician. has been signed by the attending as the burial transit permit. The prior to burial, cremation, or remon	(Å	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address st. no. nor unknown) (If yes give war or dates of service)	whip. Ro
the de yy the sy the ematio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Metastatic Carcinoma	INTERVAL BETWEEN ONSET AND DEATH
that that ined the sician that all the silican		IMMEDIATE CAUSE (a)	Months
uires g phys en sig buris		Conditions, if any, which gave rise to immediate (b) Carcinoma of signoid colon	10 months
The law requires that to or attending physician. Tate has been signed buse as the burial transtalth prior to burial, cre	2	cause (a), stating the DUE TO underlying cause last. (c)	
The law requires that the death or attending physician. Sate has been signed by the atter use as the burial transit permit eafth prior to burial, cremation, or	CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?
ING PHYSICIAN: The law of by the hospital or atta After this certificate had be detached for use a state Dept. of Health provided the state of the state beat.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	8.)
NG PHYS by the P fter this be detact	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) 4 ctory, street, office bldg., etc.) 20f. (City or town) (City or	ounty) (State)
OR ATTENDING P be retained by in JIRECTOR: After ge 3 should be ceed with the State	[21. I certify that (I) (this hospital) attended the deceased from 8/4/ , 19 67, to 10/12/ , 196	The state of the s
R ATT e reta RECTO 3 sh with		22a. SIGNATURE 22b.	DATE SIGNED
TAL OI nay by AL Diff page filed		22c PHYSICIAN'S / NAME (Type) L. Kemper Owens, M.D. 22d, ADDRESS Six Hast Read Street 2120	
TO HOSPITAL OR ATTENDING PAGE 4 may be retained for EUNERAL DIRECTOR: Affactor, page 3 should should be filed with the second of	-		
1 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23	DIENIZ Oct 14 67 (niowtown) Luther AN Uniowtown Ca	rroll Co Me
VR AI5 (4)	20	HUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 25	R'S SICNATURE
20M 1/65 By	1	Cities Mingrey h	V

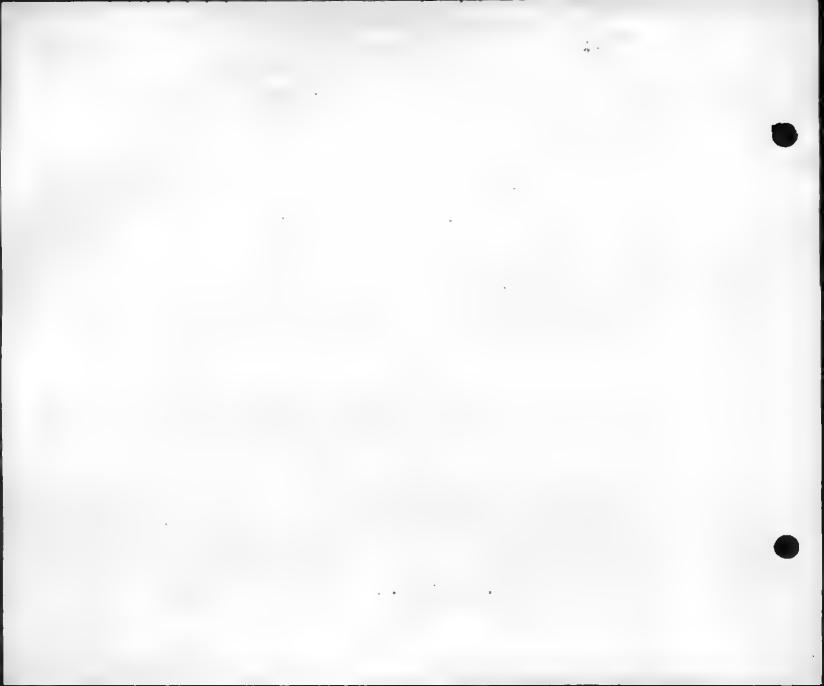


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 772 2 12

		381111111111111111111111111111111111111			.ませブリンスタック
PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2 USUAL RESIDENCE p. STATE Maryland	Where deceased lived, if institution b. COU	ution Residence before admission) UNTY
b CTY OR TOWN (f outside corporate imits.	c LENGTH OF STAY IN 1b		utside corporate limits, write RI	URAL and give nearest town?
write RURAL on	give nearest town)	3777 111 10			onite and disconnections!
Towson	AL OR INSTITUTION (If not in ho	-ital ain street address?	Baltimore d STREET ADDRESS	414)0	0. IS RESIDENCE
	· ·	spiloi, give street oddress)		70.1	ON A FARM?
	h Hospital		3802 Jopp	a Kd.	YES NO [
NAME OF	First	Middle	Lost	4 DATE Mor	
(Type or print)	Edna	Jane	MOON	DEATH Oct	ober 5, 1967
SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF JNDER 24 HR
Female	White WID	OWED 🛣 DIVORCED 🔲	March N, 18	lost birthdoy)	Months Doys Hours Min
o. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (Count	& Stote, or foreign country)	12 CITIZEN OF WHAT
uring most of working Homemaker	iire, even it retired)	INDUSTRY	Maryland		COUNTRY? USA
3. FATHER S NAME			14 MOTHER'S MAIDEN		
E.D. O	wen Davis, S	r.	Unk.		
S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT	Add	
(Yes, no, or unknown)	(If yes give wor or dotes of service	27721.6021 N	Ī-a T	D1-1 C	8 W. Elm Ave
No	A Tel (C)		r. Leroy	<u>Burkhear,Sr</u>	
18. CAUSE OF DI	ATH (Enter only one couse per in the MAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Intestinal Obs	truction		
1350	DUE TO	0			
Conditions, if any rise to immediat		Carcinoma of co	elen with m	etatasis	
stoting the unde					
lost.) (c)				
PART II OTHER SI	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AJTOPSY PERFORMED? YES bc NO
CIE FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item IB.)	
20c TIME OF INJ	10		ICE OF INJURY (Home, for tory, street, office bldg., etc		(County) (State)
21. I certi	fy that 10 (this haspital) eceosed alive on 10/5	attended the deceased fram	10/4/ it death occurred o	19 <u>67, to</u> 10/5/ t1:21PM, from causes	, 19 <mark>67</mark> , that 🐧 (we) I s and on the date stated abo
220. SIGNATURE			ATTENDING	MED - STAFF	22b. DATE SIGNED
	an 9. m	mes on M.	D PHYS.	DIRECTOR PHYS.	Clotober 5, 196
22c. PHYSICIAN'S NAME (Type		Misanik, M.D.	7620 York	Rd., Towson,	Md. 21204
30 BURIAL, CREMATIC		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or T	own) (County) (State)
REMOVAL (Specify	10/9/67	Moreland	Cem.	Baltimore	Balto. Md.
Burial 24 FUNERAL DIRECTO	R 1	ADDRESS	250. REC		REGISTRAR'S SIGNATURE
	I. Ruck Inc.			OCT 6 1987	Ochanila O.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event-within 72 hours after death Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) / 20 M 1/66

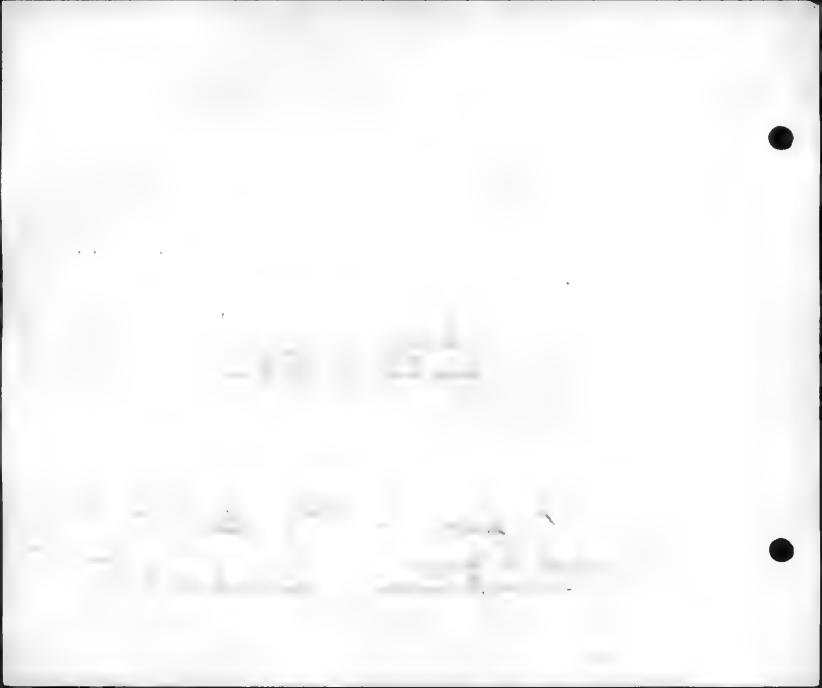


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Baltimore **b.** COUNTY Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and awer negrest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Summit Nursing Home 3316 Kenyon Ave. NO X 3 NAME OF Middle First Last 4. DATE Month Year DECEASED F. ELVA MOONEY 19 67 October 28. (Type or print) DEATH SEX 6. COLOR OR RACE 9. AGE (n years IF UNDER 1 YEAR IF JNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED dost outhday) Female White Dovs Hours Aug. 18, 1887 DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Warnbach Lettia Shannon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dotes of service 218-22-4806 BMrs. Katherine Loeffler 408 S. Bouldin St. IB. CAUSE OF DEATH (Enter only one couse per June for (o), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: DASET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse WAS AUTOPS' NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of July in Port + or Port H of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER) 20x TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om factory, street, office bldg, etc.) deceased from Ouly, 1946, to 28 CCT, 1967, that (1) (we) last 1967, and they death occurred of 35 M, from couses and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 28 CCT TO FUNERAL DIRECTOR: 22a SIGNATURE 22b DATE SIGNED director, page 3 should be filed a M.D DIRECTOR 22d ADDRESS Robert Medical Arts Building 230 BUR AL, CREMATION, 23b DATE THEREOF 23c JAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BRENOTAL (Tpecify) Baltimore Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Ullrich Funeral Home 4210 Belair Road. DANOV 2

The low requires that the death certificate be executed within 24 hours after



1 ~	Tt []	cems 18-20 Film 395 11-28-67 ams DIVISION OF	MARYLAND STATE DEP	ARTMENT ON STREET,	OF HEALTH , BALTIMORE, MA	RYLAND 21201	
(M)		18555	CERTIFICATE				561
haurs after death p by the funeral s. Pages 1 and Araurs after death	1	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL I o. STATE		eased lived, if institution b COUNT	Residence before odmission)
urs after the fur ages 1 turs after		b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Owings Mills	c LENGTH OF STAY IN 16	c. CITY OR		prote limits, write RURA	L and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in Rosewood State Hos	n haspital, give street address)	d. STREFT	4 - 12	ey St. Ba	HOLDO YES NO TO
with rely rbon	3.	NAME OF First DECEASED (Type or print) Alfred	Middle B	Moore	4. DATE	Month 3.0	21 Year 7967
s executed with	S		MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF E			IF UNDER 1 YEAR IF UNDER 24 HRS Meriths Days Hours Min.
law requires that the death certificate be executed with ading physician. been signed by the attending physician and campletely(s the burial-transit permit. Then please remave carbon ior tabur al, crematian, ar remaval, and in any event, wit		a JSUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY		TACE (County & State, or Baltimore.		12 CITIZEN OF WHAT COUNTRY?
certifica physic hen ple naval, c	13	Alfred B. Moore	(deceased)	14 MOTHE	rs maiden name izabeth Sh		
ne death cer attending p permit. The ian, ar rema		es, no, or unknown) (If yes give war ar dates of s	arvice	INFORMANT Sewood	Records,	Address Owings Mi	ls, Maryland
that the an. by the arransit per cansit per cremation.		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	100	1			ONSET AND DEATH
aquires that the physician. signed by the burial-transit burial, cremat		Canditrons, if any, which gave (b)	Hequated az	1 Fa	ol_		Terment
the law recatending properties been see as the been see the brief to be prior to be the brief		stating the underlying cause (c)	Cerebral defect,			····	28 yrs.
ICIAN: The pital or atte rificate has a far use a of Health pr	FICAT OW	PART II. OTHER SIGNIFICANT CONDITIONS CON			_		19 WAS AUTOPSY PERFORMED? YES NO
HYSICIAI haspital is certifica ached fa bept. of Ho	CERT	20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING PACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED Aspiration dur	ing f	eeding	,	
10 H	MEDICAL	70.M.	7 While Not While No Rose	tary, street, of	Hosp.		(County) (Stote) 18 Balto Md
OR ATTENDIN be retained by DIRECTOR: Afte le 3 shauld be ed with the Sta		21. Certify that (this hospi	(a) aftended the deceased fram e	47 HU-	9	to 210CJ M, fram causes as	, 19 , that (we) load an the date stated obay
AL OR ATTEND by be retained L DIRECTOR: A coge 3 shauld filed with the ?		22c PHYSICIAN S	Janes M		NG MED. DIRECTOR	PHYS.	210c+67
SPIT 4 mg 1ERA or, 1 d be	22	NAME (Type) Kocha-d D. BÜRIAL, CREMATION, 23b. DATE THERE	23c. NAME OF CEMETERY OR	1	Sourod	State	HOSP. (County) (State)
Page Virection Shaul		REMOVAL (Specify) REMOVAL (Specify) 10/21/64 FUNERAL DIRECTOR	New Cathedr			altimore	STRAR'S SIGNATURE
VR A15 (4) 25M 1/67	Ľ	Leonard J Ruck Inc			DAUCT 23		carles Judge



CEDTICICATE OF DEATH

	1000	J		CERTIFIC	AIC	OF DEATH					
1.	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where dec	eosed lived, if institut	ion: Residence l	efore odmiss	ion)
	o. COUNTY Ba	ltimore		MARYLAN	ID.	o STATE Marv	land	b. COU	^{∏Y} Balti	more	
	b CITY OR TOWN (Fourside corporate fimit	5,	c LENGTH OF STAY IN 1		c CITY OR TOWN (If ou	rtside corp	orote limits, write RUF	RAL and give ne	orest town)	
I	write RURAL and Luthervil	l give negrest town) le-Timonium	21093	37		Lutherville	e-Tin	nonium 21	093		
		AL OR INSTITUTION LIFTIN		Years ive street oddress)		d STREET ADDRESS				e IS RES	DENCE
		t sendialah A				1019 West	Semi	inary Aven	ue	YES	NO XX
3	NAME OF DECEASED		rst	Middle		Lost	4 DATI	E Mant	h		eq+
	(Type or print)	SARA	Κ.	MOF			DEAT	TH OCTOBER			67
2	SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months De	AR IF JNDE	R 24 HRS
	Female	White	MIDOMEDX	-		lov. 5, 1893		73 yrs		<u> </u>	7.1.5
10:	o. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County	& State, or	foreign country)	12 Cit ZE	N OF WHAT	
-	ring most of working Sales	and, even it telled,		ept. Stores		Maryland				U.S.	Α,
13	. FATHER S NAME					14. MOTHER'S MAIDEN I	NAME				
	Christian					Margaret	Sh	uster			
1S /Y	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	OCIAL SECURITY NO.	17 H	NFORMANT		Addre	55		
,,	NO	(ii you give work or or or or or	21	.5-0 7 -9523A	Mr	s. Eleanor	Baum	, Same as	# 2		
		ATH (Enter only one cou	se per line for	(g). (b) ong (c))						INTERVAL BE	
	PAKI I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(0)	elant	a	lec Co	11	unom	6	ONSET AND	725
	ITTX	DUE	10				/ .	1		/	
		rise to immediate couse (a). (b) accessor of the course of									
	stoting the underlying couse Dut 10										
	lost	,	(c)								
8	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D 10 1	THE TERMINAL DISEASE CON	NDITION G	IVEN IN PART I(o)		19 WAS AUT PERFORM	NEDS NEDS
CERTIFICATION										YES	NO 🖅
NT I	206 ACCIDENT WAS	I JNDERLYING □ □ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED ((Enter nature of injury in	Port or I	Port II of item 18.)			
		MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJ.	JRY Month, Doy, Year				CE OF INJURY (Home, form ory, street, office bldg., etc.)		(C y or town)	(County)	(Stote)
3	pr	n. 19 -		La ot work					/		
			pitol) oftend	led the deceased fro	m	October	955	to	11, 1967		
	sow the di	ceased olive on	~07	9 1967, ond	thot	death occurred of	10 00	M, from couses			d obove
	220 SIGNATURE	1	1	- / 1/	2//	ATTENDING	MED.	STAFF -	22b DATE		
(22c. PRYSICIAN'S	oder +	Esta C	rince	MD	PHYS LT	DIRECTOR	L_J PHYS L_	1 (0	11-67	/
	NAME (Type	Charl.	OSF	0.1) ONNO	2/	12501	40	mk Rd	21	204	
23	o BURIAL, CREMATIC	N, 23b DATE TH	EREOF	23c NAME OF CEMETER	Y OR (CREMATORY	23d	LOCATION (City or To-	wn) (Co	unty) (Stote)
1	BUR LAL (Specify	Oct.14,	1967	Loudon Par	rk (Cemetery	Ba	ltimore, M	_		
	4. FUNERAL DIRECTO		10	50 YOURS Road	d	25a REC'C	BY REGI	STRAR 256 RE	GISTRAR S AGN	ANTRICOS	Auga .
1	vm. Cook-	Brooks Tows				21204 DATE C	T 13	1967	, , ,	0 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death ours ofter filled m TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely director, page 3 should be detached for use as the burial-transit permit. Then please remove carben restingly be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, with Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5 5 135453 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) any delay is 2, and 3 ta o. CDUNTY o STATE b COUNTY / Cartmentar Baltimore MARYLAND Baltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY DR TDWN (If outside corporate limits write RURA, and give nearest town) Baltimore Woodlawn Unknown d, NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Toring Toring De 6223Liberty Hights Terradoeves tote in Item 18. Give Pages 6300 block Liberty Rd 24 havrs after death. 3 NAME OF Middle WIT Lost DATE Month Year DECEASED OF with the LENORA MORRIS (Type or print) DEATH October 31 19 S SEX 6 CDLDR DR RACE AGE (n years IF JNDER IF UNDER 24 HRS 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost b (thdoy) Months Doys Hours 6/16-1967 White WIDDWED DIVDRCED Office land2 event within 72 haurs after death Female 10g SUAL DCCUPAT DN (Give kind of work done BIRTHPLACE (Stote or fore an country) KIND OF BUSINESS DR 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** Home Md. U.S.A. Examiner's This certificate should be executed within pane 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME FIle John H. Bowen Roma Francis 15 WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SDCIAL SECURITY ND 17 INFORMANT Address permit. I (Yes no, or unknown) (If yes give wor or dates of service John Morristat, 1, Box147B, Passadena, Md Chief Med 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) NTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (a) DUE TO any Conditions, if ony, which gove rise to immediate couse (o), ⊑ DUE TO D. stating the underlying couse G S PART I DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTDPS remayal, PERFORMED? please execute the certificate, YES 😾 ND pe 200 EXTERNAL CAUSE WAS PRIMARY 12 or CONTRIBUTING 20b DESCRIBE HDW INJURY DCCURRED (Enter nature of mary in Port I or Port II of Item 18) 3 shauld 4 shauld crematian, ar MEDICAL EXAMINER: CAUSE DE DEATH es. Subject was pedestrian struck by auto MEDICAL 20c T ME OF INJURY Month, Doy, Year 20d INJURY DCCURRED 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) Hour Not While foctory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page of work 12 director, Page of work Street Baltimore Balto 21. I certify that I took charge of the remains described above, held an Autapsy [X] Inquiry Inspection . and in my op nion Natural causes death resulted fram Accident K Suicide [Hamic de Undetermined manner be retained CHIEF MEDICAL EXAMINER TO FUNERAL DI Health priar t 22. DATE SIGNED ASS STANT MEDICAL EXAMINER 💂 SIGNATURE funeral O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city town, or county) Edward F. Wilson, M.D. November 1 1967 the th 230 BURIA, CREMATION 23b DATE THEREDE 23c NAME OF CEMETERY OR CREMATORY

VR A15ME (ST 6M 1/67

11/4-1967

REMOVAL (Snorthy)

Mt. Zion ADDRESS

23d LDCATIDN (City or Town)

(County) Balto. Co. Md.

25o. REC D BY REGISTRAR 25b REGISTRAR S SIGNATUR 1967 DATE NOV 6



Ľ, 5

This certificate should be executed within 24 hours after death. If any delay is

TO DEPUTY MEDICAL EXAMINER:

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page 4 and 3 to the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PMS. Page

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bur a transit permit. File pages 1 and 2 with the State Department of

VR A15ME (5)(6M 1/67

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs offer death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13564

1 PLACE OF DEATH 0. COUNTY					on Residence before odmission)
O. COUNTY	BALTIMORE	MARYLAND	o STATE Mary	land b. COUN	BALTIMORE
	outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate mits, write RUR	At and give nearest town)
WITTE KUKAL GING	give necrest town) Towson	Chout I wko	Tows	on	
d NAME OF HOSPITA	AL OR INSTITUTION (If not in hospital,		d STREET ADDRESS		e IS RES DENCE ON A FARM?
	Joseph Hospital		418	Virginia Avenu	ie YES NO 🗹
3 NAME OF DECEASED	F rst	Middle	Lost	4 DATE Month	Doy Year
(Type or pnnt)	SHERMAN	W	MORRIS	DEATH Octobe	
S SEX			B. DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Doys Hours Min
Male	Negro WIDOWED		12/15/26	. ' 45 yrs.	
10a JSUAL OCCUPATION duting most of working I		KIND OF BUSINESS OR NDUSTRY.	I BIRTHPLACE (State of	or toreign country)	12 CITIZEN OF WHAT COUNTRY?
Machine	operator Tu	mitting tackary	Pa.		U.S.A.
13. FATHER'S NAME		1	14 MOTHER'S MAIDEN N	AME A	
yas. 4			Duanna	folimer	
	R NUS ARMED FORCES? 16 (If yes give war ar dates of service)		NFORMANT	Addres	Futherwich.
CJCA	W.W. Th 1/2	2-12-5565 (1)	ice Morre	0-118 Lines	mave. The
	ATH (Enter only one couse per line for M WAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Atla	nto-occipital d	isarticulat	ion with brain	stem
1134	MACHINE	injury			
Conditions, if ony,	e couse (a)				
stoling the under	lying couse DUE TO				
last.	(c)				
PART II. OTHER SIGNAL CALL PRIMARY IN OFFICE CAUSE OF DEATH	GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	D.T.ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES X NO
≅ 200 EXTERNAL CAL	USE WAS 20b E	ESCRIBE HOW INJURY OCCURRED	(Enter nature of in ury in P	ort Lor Port Lof tem 18)	
		Pedestrian stru	ick by auto		
	RY Month, Doy, Year 20d	INJURY OCCURRED 20e PLA	E OF INJURY (Home form	20f (City or town)	(County) (State)
7:55 pm	10-14 19 67 of wo	e Not While K	ory, street, office bldg., etc) street	Towson	Baltimore Md.
21. I certify	that I took charge of the re			Inspection , Inqui	
deoth result			ide Homicide	Undetermined mo	onner 🗀
	2000	7	CHIEF MEDICAL I	<u> </u>	
ACTUAL SIGNATURE	lung J. J	2-20	M.D ASSISTANT MEDI	CAL EXAMINER X	22. DATE SIGNED
EXAMINER'S NAME (Type)	Charles S. Spri	ngate, M.D.		city, town, or county)	ctober 14, 1967
230 B JRIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C ty or Tow	(County) (State)
24. FUNERAL DIRECTOR		ADDRESS	2So RFC'D	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE
Vilan. 6 fr	extenses - 1701	me cullah	ST. DAGCT	17 1967 80	limbar Quelas.
12.00	4	2 - 1-4	J 17 DAG 01	11 100/1	
	1	72 CC 17 124	1.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13553 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Baltimore o COUNTY o STATE b. COUNTY Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in by Baltimore 21212 (Rural) Baltimore
d NAME OF HOSPITAL OR INSTITUT ON (If not in hospitol, give street oddress) e, IS RESIDENCE ON A FARM? d STREET ADDRESS 6100 Edlyana Road Armacost Nursing Home NO 🔀 Middle 4. DATE Month 3 NAME OF First Lost Doy Year completely DECEASED Η. MORRI SON October 18 PATRICK 67. DEATH 19 (Type or print) ė YEAR IF UNDER 24 HRS AGE (In years 1E UNDER S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** ove birmday) 3/30/1907 Doys Hours Min Male White WIDOWED and in any Leur and TOO USUAL OCCUPATION (Give kind of work done 1DP KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Route Salesman physician a ien please INDUSTRY COUNTRY? Maryland Bakerv 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME n signed by the attending physe burial-transit permit. Then plo burial, cremation or removed cremation, ar remayal, Harry Blaine Morrison Catherine Flatley WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 37. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 767 Mrs. Maurice S. Bozel- 6100 Edlynne INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be refained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse , page 3 should be detached far use as the be filed with the State Dept. af Health priar to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 공 NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc, TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2Df. factory, street, affice blda, etc.) Hour o.m. While Not While at work 8, 19<u>67,</u> that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from \(\to \frac{1}{2} \) and that death occurred at AM, from causes and on the date stated above sow the deceased alive on. 19 67 22b. DATE SIGNED 22a SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, should b 230. BURIAL, CREMATION, BUREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City or Town) (County) Cockeysville, Maryland 6 Dulanev Vallev Cem

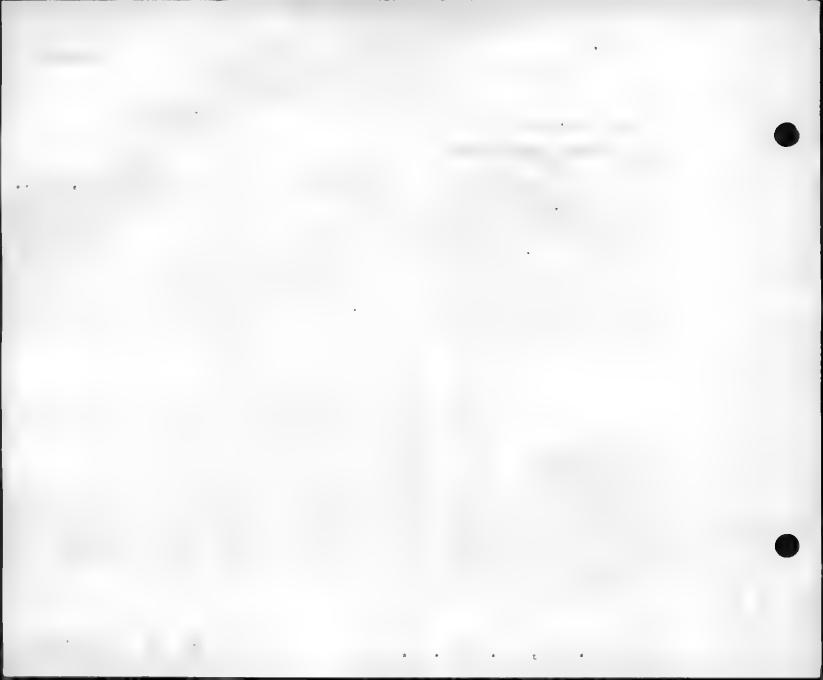
VR A15 (4) 20 M 1/66

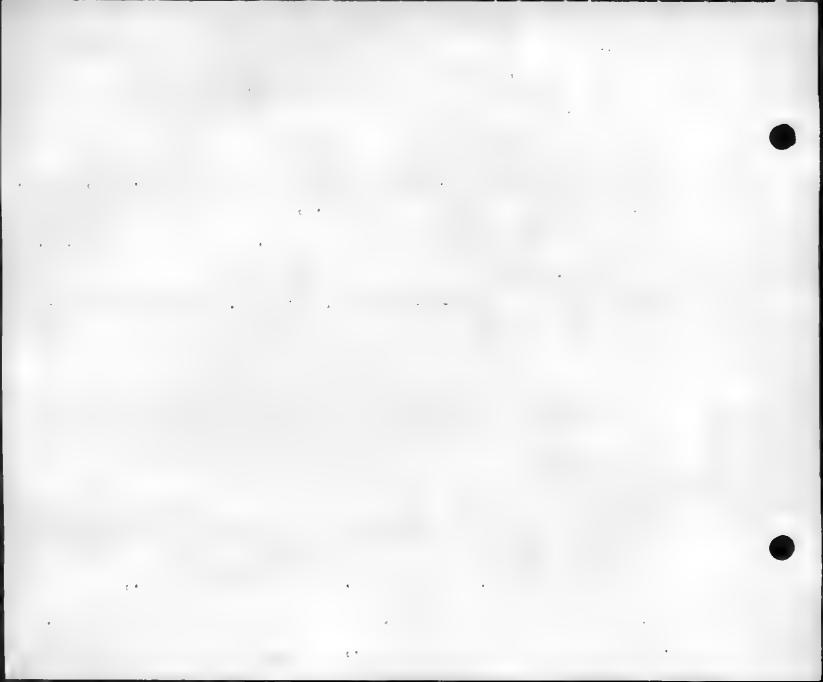
24. FUNERAL DIRECTOR

within 24 hours after death

requires that the death certificate be executed

Leonard J. Ruck, Inc. Balto. Md. 21214





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

* 25.65

FOR STATE HEAVIN DEPT.

form

0 PM3 Poge

ond 3

in pencil in Item 18, Give Pages.

TO DEFUTY MISTAL EXAMINER: This certificate should be executed within 24 hours ofter death If any delay is

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans't permit. File pages 1 and 2 with the State Department

Health priar to bundl, cremation, or removal, and a ony event within 72 hours ofter death.

the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with

necessory please execute the certificate, writing the word "pending"

	_COOA MEDI	CAL EXAMINER'S	CERTIFICATE OF DI	ATH	3567			
	PLACE OF DEATH COUNTY Baltimore	MARYLAND	o STATE Maryland	eceased ved, if astitution Reside b COUNTY Balti	mere			
	b CITY OR TOWN (If auts de corporate limits, write R IRAL ai d give nearest town) Duncalk	35 Years	rporate limits write RERAL and g	No.				
	d NAME OF HOSPITAL OR INSTITUT ON (It not in hospital gi	ive street address)	705 Wise Av		e IS RESIDENCE ON A FARM? YES NO M			
3	NAME OF First		Lost 4 DA		Doy Year			
	DECEASED (Type or print) William	J.	01		10 19 67			
_		NEVER MARRIED	B DATE OF BRTH	9. AGE (In years F UNDER lost_birthday) Manths				
_	Male White WIDOWED	511011425	Sept. 29, 1896	71. yrs				
dur	ring most of working life, even if retired) INF	ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (State or fore	ign country) 1 12 C	ITIZEN OF WHAT DUNTRY?			
	Retired Beth	lehem Steel C		U.	S. A.			
13	John M. Myatt		14 MOTHER'S MAIDEN NAME Tina Yates					
15	WAS DECEASED EVED IN 1 C ADMED EDDCESS 14 C	OCIAL SECURITY NO. 17	INFORMANT (Wife)	Address Md	27222			
(¥	ar no ar aknown) If hear our war ar datar of consum		•	it, 705 Wise Ave				
22	IB. CAUSE OF DEATH (Enter only one cause per line for PART DEATH WAS (AUSED BY LOCAL CAUSE) DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause CC PART OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO	A-S-C-V	THE LERM NA. DISEASE CONDITION	GIVEN IN PART 1(0)	ONSET AND DEATH			
CATIO		1			PERFORMED? YES NO			
MEDICAL CERTIFICATION	20g EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH	CR BE HOW INJURY OF WIRRED	(Enter nature of injury in Port Lo	r Port I of Item 18)				
MEDICA	20c TIME OF INJURY Month, Day, Year Hour o.m. 20d IN While of wark	Not While foot	CE OF IN.URY (Home, form 12 tory, street, office bldg, etc.)	20f (City or town) (Co	iunty) (Stot)			
	21 I certify that I taak charge of the remains described abave, held an Autapsy [], Inspect an [x], Inquiry [x], and in my opinion							
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Melvin B. Davis	Accident : Su c	CHEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN DEPUTY MEDICAL EXAMIN	AMINER Dundalk, Md	ngton Rd 22 DATE SIGNED 10/11/67			
230	O BUR AL TREMATION, 23b DATE THERSOF	23r NAME OF LEMETERY OR	CREMATORY 23c	d LOCATION (City or Town)	(County) (State)			
	10/14/67	Meadewridge M		Dora				
	ohn J. Duda, 7922 Wise Ave	. Dundalk, Md	• 250 REC'D BY RE	3 1967 PEGISTRARS	les Judge			

VR A15ME (5) 6M 1/67

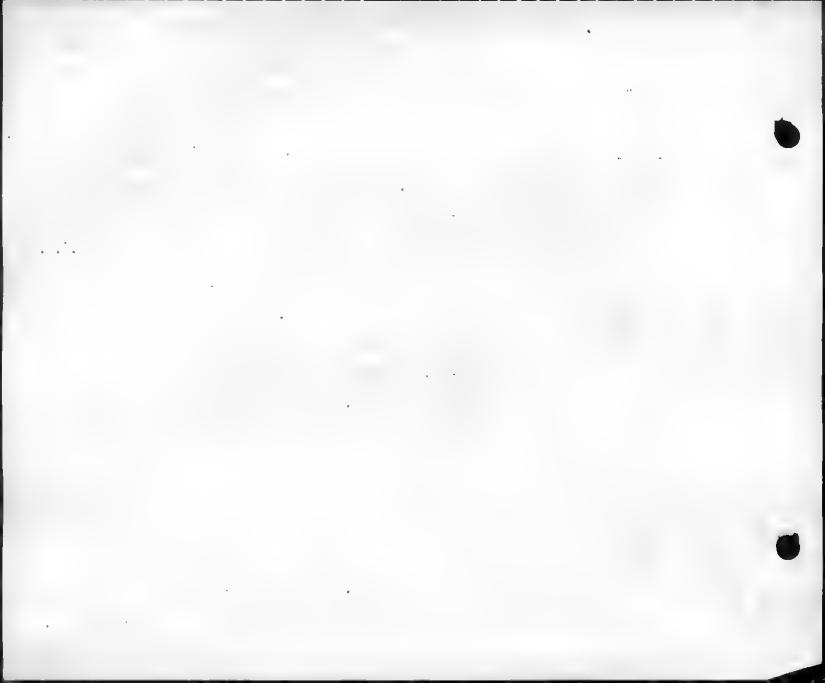


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13562			CERTIFIC	ATE	OF DEATH		13	368		
	PLACE OF DEATH O COUNTY Baltimos			MARYLAN	ID	2 USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived, if insti b CC	tution: Residence DUNTY	before admission)		
		(f autside corporate limi and give nearest tawn)	ts,	C LENGTH OF STAY IN TH	b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21234					
Ŋ	d NAME OF HOSI	PITAL OR INSTITUTION (If r		ive street address)		d. STREET ADDRESS	ier Aver Ro	ad 2123	e IS RESIDENCE ON A FARM? YES NO		
ı	3 NAME OF DECEASED	F	ırst	Middle		Lost	4 DATE Mo	onth	Doy Year		
	(Type or print)		la	T.		NEISER		ctober	31, 1967		
	s. sex	6 COLOR OR RACE	7 MARRIED WIDOWED	■ NEVER MARRIED [DIVORCED [bruary 11,1	9. AGE (n years last birthday) 72 yrs	Months [YEAR IF JNDER 24 HRS. Doys Hours Min.		
	during most of working Ha	ON (Give kind of work dang ng life, even if retired)	INI	ND OF BUSINESS OR DUSTRY DUSEWife		11. BIRTHPLACE (County & Maryland	State, or foreign country)	12. CITIZ	en of what htry? U.S.A.		
	13. FATHER'S NAME	Harry Stron	n or			14 MOTHER'S MAIDEN NA	Wirginia R	- Smith			
		VER IN U.S. ARMED FORCES (If yes give war ar dates	of service)	OCIAL SECURITY NO.	*** ***	FORMANT arles H. Nes		ldress	Road		
	PART I. D	ny, which gove) ate cause (a), ((a) Car E TO (b) Cer	(a), (b), and (c),) dio-respira ebral hemor iplegia, le	rha				INTERVAL BETWEEN ONSET AND DEATH		
2	PART II OTHER	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)							19 WAS AUTOPSY PERFORMED? YES NO X		
	OR CONTRIBUTION	YAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCUI	RRED (E	nter nature of injury in Pa	nt I ar Part II of item 18.)				
	₽ Hour	NJURY Month, Day, Year a.m. p.m. 19	20d IN While at wark	Not While		OF INJURY (Home, farm, ry, street, affice bidg., etc.)	20f (City or town)	•	lγ) (State)		
		rtify that (X (this ha deceased alive an_		led the deceased fro 19 <u>67</u> , and	m_1(0/29/, 19 death accurred at 2	67 , to 10/3. 2:10 M, from couse	1/, 19 <u>6'</u> es and on the	Z, that 🖎 (we) las date stated abave		
	220 SHGNATU	alkerte	C fo	Kim, K-	M.D.	PHYS. L. D	AED. STAFF IRECTOR PHYS.	Octob	esigned per 31,1967		
	22c. PHYSICIA , NAME (Ty		o C. Go	kim, Jr., M	.D.	7620 York	Rd., Towson	, Md. 2	1204		
	230. BURIA., CREMA REMOVAL (Spec Burial			23c. NAME OF CEMETER Bel Memori			23d LOCATION (City or Bel Air	Town) (C	d Md.		
1	24. FUNERAL DIREC	TOR	0.01	ADDRESS	4		BY REGISTRAR 2Sb.	REGISTRAR S SIG	NATURE CARRE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-bayrs after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed with the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of the VR A15 (4) 20 M 1/66



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

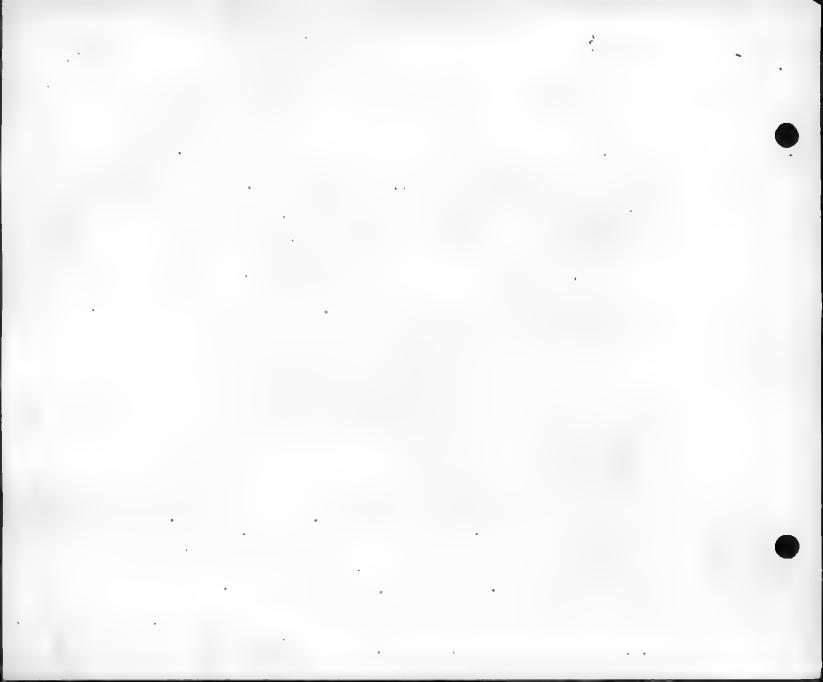
VR A15 (4) 20 M 1/66

by the funeral ?

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

							16.7	
PLACE OF DE	ATH			2. USUAL RESIDENCE (Where de			fore admission)	
a. COUNTY	Baltimere	MARYLA	AND I	o. STATE Maryland	b. COUNTY	Balt	lmere	
b. CITY OR TO	WN (f outside corporate limits,	c LENGTH OF STAY IN		c. CITY OR TOWN (If outside con	porote limits, write RURA			
write RUR/	AL and give nearest town)			Towson	, , , , , , , , , , , , , , , , , , , ,	J	,	
	DWSOR	1 1 1 2		d STREET ADDRESS			e IS RESIDENCE	
	OSPITAL OR INSTITUTION (If not in h	,			D	0.01	ON A FARM?_	
S.	t. Jeseph Hespit	al		1653 Natu	re Rd. 21	.204	YES NO	
3. NAME OF	First	Middle		Last 4. DA	TE Manth	D	oγ Yeor	
(Type or print	JOHN	L.		NEUHAUS SR. DE	TH Octobe	r 26	1967	
S SEX		MARRIED TE NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR	R IF UNDER 24 HRS.	
Male	White W	IDOWED DIVORCED	ĦΙ	April 1,1899	last birthday)	Manths Day	s Hours Min	
IDO USUAL OCCUP	ATION (Give kind of work done	106. KIND OF BUSINESS OR		11 BIRTHPLACE (County & State, o		12 CITIZEN	OF WHAT	
during mast of wa	rking the even if retired)	INDUSTRY Marine		Maryland	4	COUNTR	šà	
13. FATHER S NA		2104 4110		14. MOTHER'S MAIDEN NAME				
					Hauzzenzol			
	hn G. Neuhaus							
15 WAS DECEASE	ED EVER IN U.S. ARMED FORCES? own) (If yes give wor or dates of servi	16. SOCIAL SECURITY NO	1	NFORMANT	Address			
No.	Mili Jez dias mot di dotez di zera	215 05 7584	Mi	rs. Mary Neuhau	s 1653 Natu	ra Rd.	21204	
I IR CAUSE	OF DEATH (Enter only one couse per	r line for (a) (b) and (c))	-				NTERVAL BETWEEN	
PART I	. DEATH WAS CAUSED BY:		od o	right cerebrum		-	ONSET AND DEATH	
46	IMMEDIATE CAUSE (a)	Pitcebitatomatac	CIR	Linit cerebian	1			
	fany, which gave) (b)	cerebral arter		.7				
rise ta imm								
	stoting the underlying couse DUE IO							
last) (c) _	Diabetes melli						
PART II. OTH	IER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELAT	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	1	9. WAS AUTOPSY PERFORMED?		
							YES TE NO	
200 ACCIDENT OR CONTRIBUTION OF CONTRIBUTION O	IT WAS UNDERLYING 🗀	205 DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I ar	Part II of item 18.)			
OR CONTRIB	UTING CAUSE OF DEATH				,			
S OD THE O	OTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 2	Do DIAC	E OF INJURY (Home, form, 20	of, (City or tawn)	(County)	(State)	
2Dc TIME O	F INJURY Month, Day, Yeor ur a.m.	While Not While		ory, street, office bldg , etc.)	a. (city or town)	(coomy)	(3(018)	
	p.m. 19	of work U at work U						
21. 1	certify that 🗱 (this haspital) attended the deceased fr	ram	Oct.25 , 1967	, to Oct. 26	_, 1967.,	that (4) (we) las	
saw t	ne deceased alive an Oc	t. 26 19.67, an	id that	death accurred at8:30	PM, fram causes ar	nd an the d	ate stated above	
22a SIGNA	TURE O			ATTEMPIAC MED	ETAPE	22b DATE SI	GNED	
	- tour-	lowed a	M.D	D. PHYS DIRECTO	R STAFF PHYS.	Octobe	r 27,1967	
22c. PHYSIC	CIANS		_	22d ADDRESS				
NAME	(Type) Lawrence F.	Misanik, M.D.		7620 York Rd.	, Towson, l	id. 212	204	
23a. BURIAL, CRE			DY OP (DEMATORY I 224	LOCATION (City or Town) (Cau	ntv) (State)	
REMOVALIS	naciful				1 1	,		
Buri	al 10-50-01		Men		altimore, N			
24. FUNERAL DI		ADDRESS	21.0	2So. REC'D BY REG		STRAR'S SIGNAT	MRE MARK	
WILL.E.	Johnson, 8521 Lo	ocu wasen Brad.	212	O4 DNOV 1	1967 / stu	Lan.	0	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) 30/ timere b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Earrison d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3. NAME OF Middle DECEASED 0F (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED last birthdoy) WIDOWED DIVORCED 10b KIND OF BUSINESS OR 10e USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) AT HOME 4-551 CL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ABRAHAM MEYERSON SARAH HOROWITZ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave (b) nse ta immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT REDATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b SCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1) of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City of town) Hour a.m Not While factory, street, affice bldg, etc.) at work 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an and that death ogturred at fram causes and an the date stated above. 22g SIGNATUR M.D DIRECTOR 230 BURIAL CREMATION 23b DATE THEREOF

director, page 3 should be filed v TO FUNERAL VR A15 (4) 25M 1/67

executed within 24 haurs

requires that the death certificate be

ATTENDING PHYSICIAN:

O HOSPITAL

campletely to a sour completely to a source comp

in any

, crematian, or remaval,

the attending partit The

signed by the bur,al-transit

DIRECTOR: After this certificate has been ge 3 shauld be detached far use as the iled with the State Dept. af Health priar to

24. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.. 6010 REISTERSTOWN RD

10-11-67

NAME OF CEMETERY OR CREMATORY LEBANON

23d LOCATION (City or Town)

(County)

(County)

Months

12 CITIZEN OF WHAT

79th St.

ONSET AND DEATH

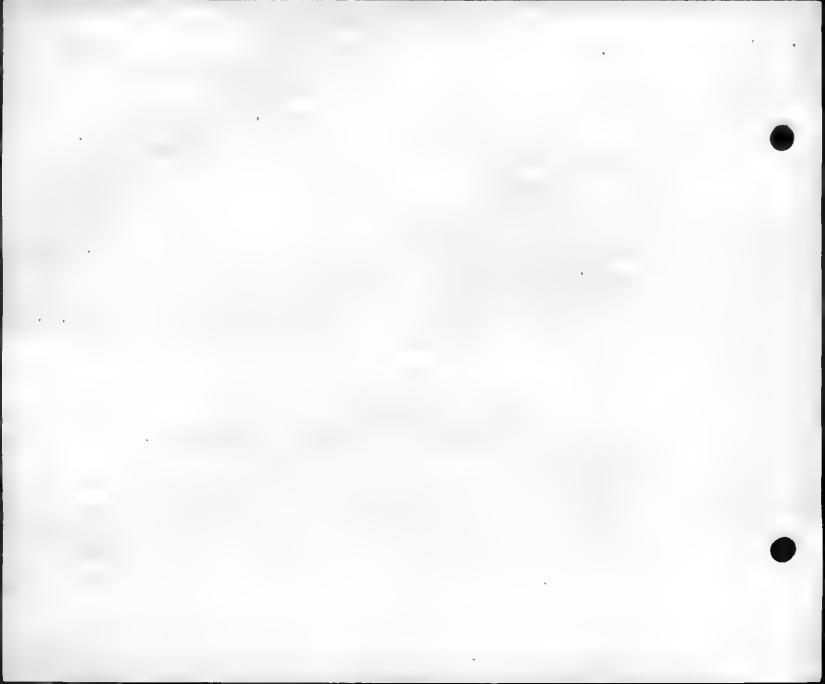
WAS AUTOPS PERFORMED?

(State)

COUNTRY?

250, RECID BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

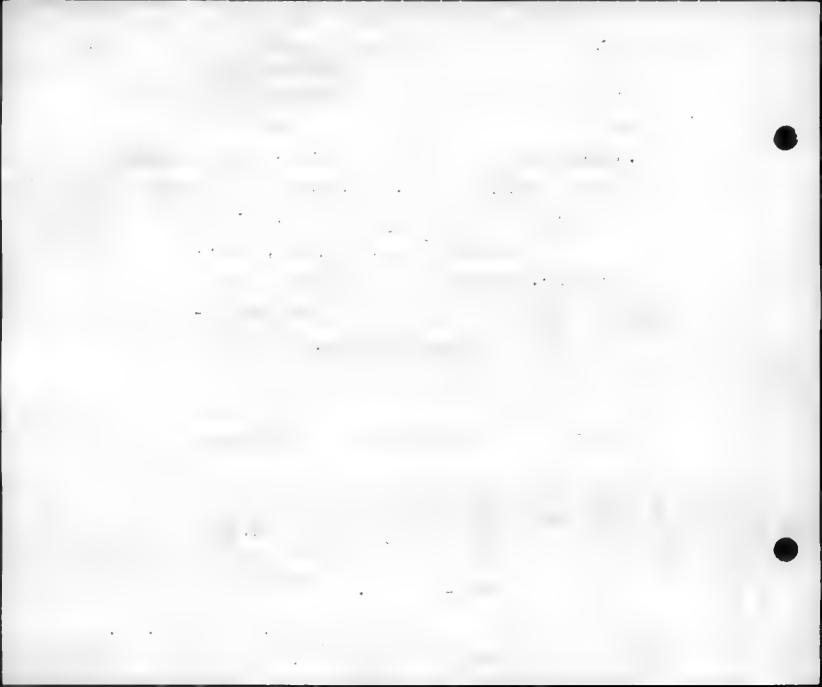


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12571 CERTIFICATE OF DEATH

1	13565	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dia mari	CERTIFIC	ATE	OF DEATH	,	,,,,,,,,,,,	133	o'71		
1	PLACE OF DEATH o. COUNTY			14 A PAR 45	ID.	2. USUAL RESIDENCE (W o. STATE	Vhere decease	b. COUN	TY		on)	
-	Baltimer	autside corparate limits,		C LENGTH OF STAY IN 1		Maryland Baltimere c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)						
	write RURAL and	give nearest tawn)		C ECHOIN OF STAT IN	,			, 441113, 44110 1001	are and give in	00.001 101111,	,	
\vdash	Towson	AL OR INSTITUTION (If not	- 1 1 - i	re about address.		d STREET ADDRESS				La IS RESI	DENCE	
				Ael Pildel Dodless)	H					e IS RESIL		
		ph Hespital				2153 Vail					ио 🔀	
3	NAME OF DECEASED	Firs	t	Middle		Lost	4 DATE OF	Mant		Doy Yes		
L	(Type or print)	Char	es	W.		OFSKER	DEATH	October	3		67	
S	ZEX	6 COLOR OR RACE	7 MARRIED [NEVER MARRIED	-	DATE OF BIRTH		AGE (In years last burthday)	If UNDER 1 Y	EAR IF UNDER	Min.	
	Male	White	WIDOWED [DIVORCED	_ N	larch 16, 19	941	26 yrs				
	o. JSUAL OCCUPATION	(Give kind of work dane		D OF BUSINESS OR		11. BIRTHPLACE (County	& State or fare	eign country)	12 CITIZ	EN OF WHAT		
dı	iring most of working l	ite, even it retired)		in Company		Alteona, F	enhsyl	Lvania	CONV	ŠÄ		
1	B. FATHER'S NAME		1 8 300 1	THE COURSE		14. MOTHER'S MAIDEN N	NAME					
	San	muel B. No	fsker			Helen Wy	song					
1	WAS DECEASED EVEL	R INS ARMED FORCES?	16. 50	OCIAL SECURITY NO.	17. IN	IFORMANT		Addre	55			
((If yes give wor ar dotes af	service)		Ho	spital Re	cords	-St. J	osenh			
-	Tio CAUSE DE DE	ATH (Enter only one caus	e ner line for f	a) (b) and (c))					1	INTERVAL BET	TWEEN	
	PART I. DEAT	'H WAS CAUSED BY	Car		omi.	tonitie				ONSET AND I	DEATH	
	FART I. DEATH WAS CAUSED BY Generalized peritonitis 5.7.6 X DUE TO											
	Constitution of any which were											
		rice to immediate cause (a)										
1	storing the underlying couse DUE TO											
	lost.		(c)			and the state of t	-DITION OFFI	I AL DANG TO A		19. WAS AUT	UBKY	
2	PART IF OTHER SIG	_				HE TERMINAL DISEASE CON				I PERFORN	IED?	
CEPTIFICATION	intestin					gnant degen				YES K	NO	
TIE	20g ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	205. DES	CRIBE HOW INJURY OCCU	IRRED (Enter noture of injury in l	Part I ar Port	II af item 18.)				
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	JRY Month, Day Year			De. PLAC	E OF INJURY (Hame, farm	20f	(City or town)	(Coun	ly)	(State)	
ME	Hour o.n	10	While of work	Not While of wark	1000	ry, street, office bldg , etc.)						
	21. 1 certi	y that A) (this has	oitol) attend	ed the deceased fro	onSe:	ptember 8 1	19_67, to	October	3_, 1967	_, that 4) (we) last	
1	saw the de	eceased plive on Oc	teber	319_67, an	d thot	death accurred al	L:20AM	, from couses	ond on the	date state	d obove.	
	22o. SIGNATURE	/ X/5	l l	1		ATTENDING	MED.	STAFF	22b. DAT		20/2	
н		(<-/	Der 1	4.	M.D	. PHYS \square	DIRECTOR	STAFF PHYS.		ber 3,	1907	
	22c. PHYSICIAN'S		1			22d ADDRESS	ole Rd	Towson	Ma.	27 204		
22c. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 22d ADDRESS York Rd., Towson, Md. 21204												
2	30. BURIAL, CREMATIC	ON, 23b DATE THE	REOF	23c NAME OF CEMETE	RY OR C	REMATORY	23d. LOC	CATION (City of To	wn) ((aunty) (:	State)	
	REMOVAL (Specify Burial	10/6	167	Creson	Val	lev Cem.	R1s	ir Co.	Pa.			
М	24 HUNDRAL DIRECTO	Wiedefeld	Home	-65098ESSVOT	k R	1-21949 RECT	BY REGISTRA	AR 25b. RE	GISTRAR'S SIG	NATURE	_	
	Barefoot	Funeral	Home	East Free	don	d-21272 RECT	114	130	Charle	as Judy	4	

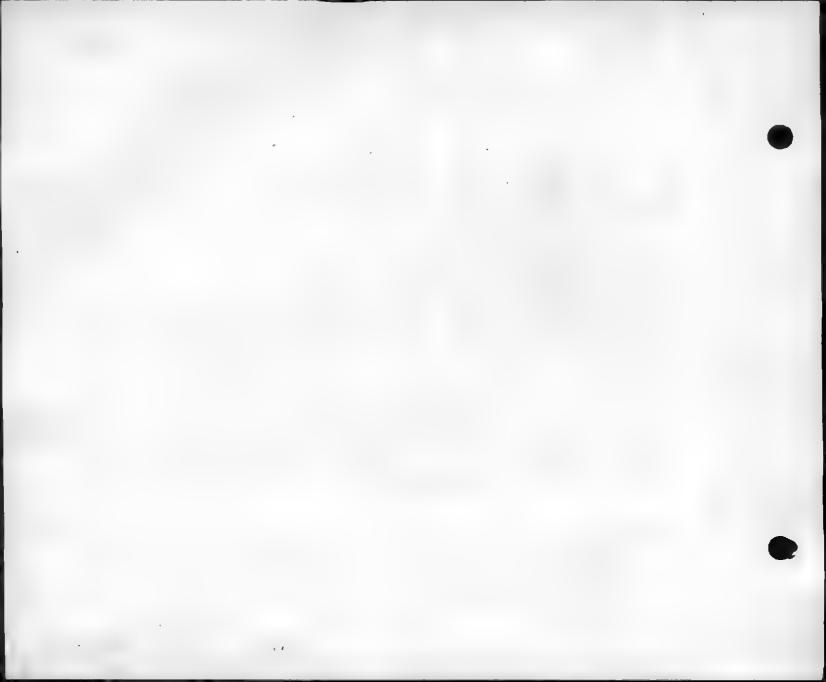
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 2565 CERTIFICATE OF DEATH and 2 hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE BALTIMORE by the Pages 1 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b B Japers. Pagin 72 hours write RURAL and give nearest town) IMORE Filled in RRISON e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ON A FARM? HO S.Decker E NO YES completely over carbon p within Month Day 3. NAME OF Middle 4. DATE Last OF DECEASED 10 196 (Type or print) DEATH event 0 executed AGE (In years | IF UNDER 1 YEAR lease removed and in any eve DATE OF BIRTH FUNDER 24 HRS 6. COLOR OR NEVER MARRIED last birthdey) Months Days Hours After this certificate has been signed by the attending physician and d be detached for use as the burial transit permit. Then please remo State Dept, of Health prior to burial, cremation, or removal, and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE during most of working life, even if retired) The law requires that the death certificate be TEEL WORKER
FATHER'S NAME RED MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. Address INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Known Page 4 may be retained by the hospital or attending physician. arcinoma IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES . DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While While OR ATTENDING 19 at work at work TO FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St that (f) (we) last 10-26 21. I certify that (I) (this hospital) attended the deceased from 199 and that death occurred at 8 32 M, from the causes and on the date stated above. 0 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED 3 6-DIRECTOR M.D. ADDRESS 22d. PHYSICIAN'S NAME (Type) 195 LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION. 23b. DATE THEREOF 23c REMOVAL (Specify) 2 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4)

15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6.0 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. MARYLAND LIIMORE c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5 BALTIMORE d STREET ADDRESS LIMERE d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) IS RESIDENCE ON A FARM? SANZO. YES NO DIL ANY HOME 3. NAME OF Middle Dey Year DECEASED (Type or print) DEATH 1967 ¥iihiw carbon 5 SEX 6. COLOR OR RACE I 8. DATE OF BIRTH AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. pue last birthday) Months event WIDOWED DIVORCED physician гешоле 10s. USUAL OCCUPATION (Give kind of work JDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any MANAGER NEW and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ILLIAN 0415 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO I 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give war or dates of service permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH ö PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO EDIAL (Interior Sole) Odes affending peen Conditions, if any, which (b) gave rise to immadiate cause The DUE TO burial (a), stating the underlying has cause last PHYSICIAN: hospital or this certificate 1. OTHER SIGNIFICANT CONDITIONS 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? NO X USB prior YES 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pol Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached it. of Health Affer MEDICAL ۾ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Stete) (County) factory, street, office bidg., etc.) While Hour a.m. Not While be retained at work at work DIRECTOR: State Dept. 2 21. I certify that (I) (this hospital) attended the deceased from July 1, 1965, to 1657, to 1677, that (I) (we) last should saw the deceased alive on 7.30.19. E.7, and that death occurred at 57 M, from the causes and on the date stated above YEL 22a. SIGNATURE ATTENDING 22b. DATE SIGNED ന PHYS. death. Page 4. DIRECTOR M.D. O HOSPITAL with # 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR (State) REMOVAL (Specify) OʻĘ REMATION 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE 20M 5-63

OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

3565

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

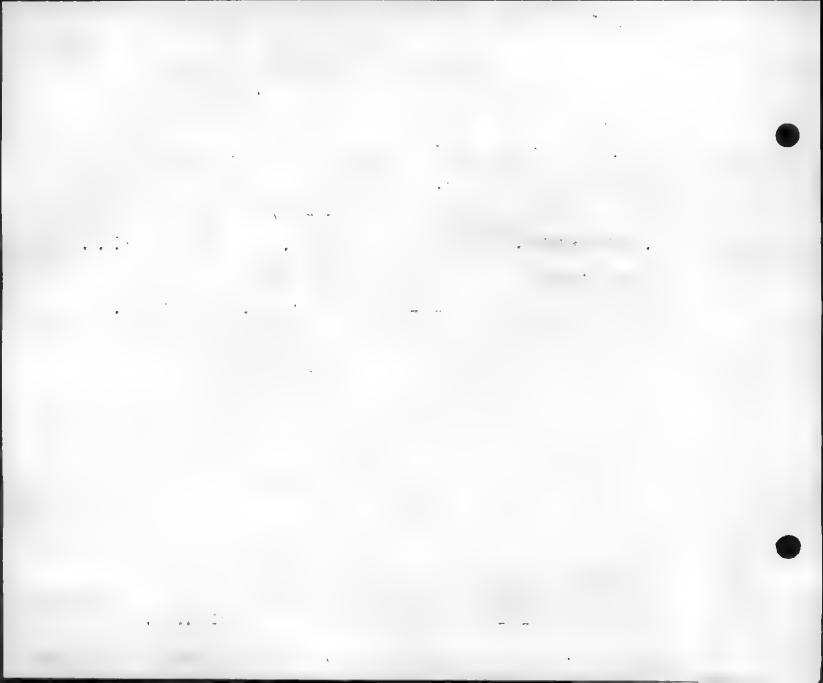
CEPTIEICATE OF DEATH

13574

CERTIFICATE OF DEATH

7 E-								
4	PLACE OF DEATH a. COUNTY	0 11:		2. USUAL RESID	ENCE (Where deceased lived, if insti	tution Residence before odmission)		
L		Baltimore	MARYLAN	/	nd.			
	b CITY OR TOWN (If write RBRAL and a	outside corporate limits, give nearest tawn) ON	c LENGTH OF STAY IN 1		i (If autside carporate limits, write l timone	RURAL and give nearest fawn)		
ı	d NAME OF HOSPITAL	OR INSTITUTION (If not in has	oital, give street address)	d STREET ADDRE		e IS RESIDENCE		
, "	·	oseph's Hosp		57.15	Charlestowne	ON A FARM? YES NOX		
1	B NAME OF DECEASED (Type ar print)	Dennis	Middle E •	O'Brien	OF O	ober 19 1967		
3		6 COLOR OR RACE 7 MAR white WIDO	RIED NEVER MARRIED [WED DIVORCED [8 DATE OF BIRTH 8-8-49 9	7 AGE (In years 76 ost birthdoy)	Months Days Hours Min.		
Ī	Do USUAL OCCUPATION (Give kind of work done C1	Ob. K ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT USUNIRY?		
	13 FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	Thomas O	Brien		Julia SI	102			
ı	S. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	Ad	dress		
	Yes, no, or unknown) (I	f yes give war or dates of service	220-09-4850	Edward O'B	rien, 105 Sipple	Ave.		
		TH (Enter only one cause per lii WAS CAUSED BY:	A	09/		INTERVAL BETWEEN ONSET AND DEATH		
	The state of the s							
	stating the underly		exactory and			17 42		
441018	PART II OTHER SIGN	NIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES \ NO \		
repries at the		CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of in	ury in Part I or Part II of item 18.)			
47.07.07.8	20c. TIME OF INJUR Hour o.m. p.m.	10	10d INJURY OCCURRED 20. While Nat While of work Of work	e PLACE OF INJURY (Hom factory, street, affice bld		(County) (State)		
			ittended the deceased fra					
		eased alive-on 10 -	19 67, and	that death accurre	ed at <u>9 P-</u> M, fram cause	s and on the date stated above		
	22a. SIGNATURE	and to	& Erron	M.D. PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	Lawrence A	1. Serra	22d. ADDRES	E. Chose St-			
2	3a BURIAL, CREMATION	, 23b. DATE THEREOF	23c NAME OF CEMETER		23d. LOCATION (City or			
	BILIEI EWOAT (20 ot 14)	10-23-67	New Cathe	dral	Balto., Me	i.		
	24. FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIGNATURE		
	Leonard	9. Ruch gr	a Raltimana	And DAT	EOCT 2 3 1967	Ochania Ouder		

thours after death alled in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. VR A15 47 20 M 1/66



delay

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	13575		
PLACE OF DEATH O COUNTY		2 USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT			
Baltimore	MARYLAND		vland	Baltimore		
b CITY OR TOWN (If autside carporate limit write RURAL and give negrest tawn) Lansdowne	ts, c. LENGTH OF STAY IN 16		ts de carparate limits, wr te RUR <i>i</i> sdowne	A, and give nearest town)		
d NAME OF HOSPITAL OR INSTITUTION (If n	nat in hospital, give street address)	d STREET ADDRESS	Suowiic	e IS RESIDENCE ON A FARM?		
255 Clyde Ave.		255 Clyde	Ave. 21227	YES NO 1		
. NAME OF	rs1 Middle	Last	4 DATE Month	Day Year		
(Type or print) William	Clifford	0den	DEATH 10	22 1967		
6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	Months 1 Days Hours Min		
Male White	WIDOWED SepIVORCED	11/10/33	last b rthday) 33 yrs			
Oa USUAL OCCUPATION (Give kind of work done furing most al working life, even if retired)	10b K ND OF BUSINESS OR	11 BIRTHPLACE (State	ar fare gn country)	12 CITIZEN OF WHAT COUNTRY?		
Laborer	Construction	Mary1a		USA		
3. FATHER'S NAME		14 MOTHERS MA DEN N	NAME			
Tolliver S. Oden			Ida			
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates	of constant	INFORMANT	Addres			
No	Mi	c. Tolliver	S. Oden, Sr.,	255 Clyde Ave.		
Conditions, if any, which gave piece to immediate cause (a), stating the underlying cause last.	E TO (b)	in of	Hanging			
PART .I. OTHER SIGN FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	OFFION G VEN IN PART I(a)	19 WAS A TOPSY PERFORMED? YES NO		
200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	20b DESCR BE HOW INJURY OCCURRED	(Enter nature of injury in l	Part I ar Part I af tem 18)			
20c TIME OF INJURY Month, Day, Year 20d N.JRY OCCURRED 20e. P.ACE OF INJURY (Hame, farm lawn) (Caun Hour a.m. White Not White factory, street, affice bldg., etc.)						
Hour o.m.	Whife Not While fac					
p m. 17	Whife Not While fac	tary, street, office bldg., etc)		iry . and in my apiniar		
21. I certify that I taok charg	Whife at wark Not While at wark at wark at wark above, he	tary, street, office bldg., etc)	Inspection 🔀, Inqui	,		
21. I certify that I taok charg	Whife of work of the remains described above, he ral causes , Accident , Suit	eld an Autapsy	Inspection (2), Inqui	22.,DATE SIGNED		
21. I certify that I taok charged death resulted fram. Natur	Whife at wark fac ge af the remains described abave, he ral causes , Acadent , Sun	eld an Autapsy, cide, Hamicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	Inspection (2), Inqui Inspection (2), Inqui EXAMINER INCLUDING INC	nner		
21. I certify that I taok charged death resulted fram. Nature SIGNATURE SIGNATURE Dr. James 230 BUR AL CREMATION. 23b DATE TH	Whife of work of twork of two factors of the remains described above, he ral causes of the remains described above. N. Frederick	eld an Autapsy, cide, hamicide CHIEF MEDICAL M D ASSISTANT MED DEPUTY MEDICA Address (Street	Inspection , Inqui	22. DATE SIGNED 10/25/67 11 Francis Ave.		
21. I certify that I taok charged death resulted from. Nature ACTUAL SIGNATURE EXAMINER: Dr. James 230 BUR AL CREMAT ON. 23b DATE THE REMOVAL (Specify)	Whife of work of twork of two factors of the remains described above, he ral causes of the remains described above. N. Frederick	eld an Autapsy, cide, Harnicide CHIEF MEDICAL M D ASSISTANT MED DEPUTY MEDICA Address (Street	Inspection A, Inqui Inspection A, Inqui EXAMINER INCAL EXAMINER INCAL EXAMINER A, city, town, or county) Inqui (ity, town, or county)	22. DATE SIGNED 10/25/67 11 Francis Ave. m) (Caunty) (State)		

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. One Pages 1, the funeral director, Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death



20-1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fittled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 77 hours offer death

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13570

CERTIFICATE OF DEATH

13576

/ L		PLACE OF DEATH				2_USUAL RESIDENCE (WI	iere deceosed lived, if in:	stitut on: Residence	before odmissio	in)
1	, '	a COUNTY Baltimore		MAD	YLAND .*	io. STATE:	b.	^{COUNTY} Balti	lmore	
,,	-			C LENGTH OF STAY		c CITY OR TOWN (If outs	ILATHIG			
		 CITY OR TOWN (11 outside corporate limit write RURAL and give nearest town) 	La mark		1	os calparate mans, with	NORAL ONG GIVE A	redrest town?		
		Towson		3 years		Towson				u u
		d. NAME OF HOSPITAL OR INSTITUTION (IF no		give street address)		328 Regeste	r Avo		e IS RESID	DENCE
1		328 Regester	Ave.	y		JZO Regeste	I AVE		YES T	
}	2	NAME OF FI	rst	² Middle	-	Last	4 DATE	Manth		
/		DECEASED Charles	31	J. 0'H	ara	CUSI	OF OC	t. 1	29 Yes	67
	_	(type or pont)					DEATH			
	S	SEX 6 COLOR OR RACE White	7, MARRIED	NEVER MARRIE		DATE OF BIRTH	9 AGE (n yea 59 last birthda	rs IF UNDER 1 Y y) Months D	EAR IF UNDER	Min.
		Mare Wille	WIDOWED	DIVORCE		lov. 10,1907		rs.	7073	Mant.
	10a	USUAL OCCUPATION (Give kind of work done	10b K	IND OF BUSINESS DR		11. BIRTHPLACE (County &	State or foreign country)	12 (1117	EN OF WHAT	-
	dur	ing most of working life, even if retired)	2+10	eel Co.		1 ' '	,Maryland	LOOP	TRY?	
	-	Chief Clerk	O L	SET OO'				U.S	o.A.	
	13	FATHER S NAME				14. MOTHER'S MAIDEN NA				
		John T. O'Hara				Anna Bos	sson			
		WAS DECEASED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17	NFORMANT	· ·	Address		
	{Ye	es, no, or unknown) (If yes give wor or dates o	f service) 2	12-01-7921	Mr	s. Josephine	O'Hara c	ame as #2		
		no			1 ***	5. OOSephilite	O dara se	ante do ma		
	Ш	18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY	ise per line for	(a), (b), and (c)		D. 1		. 000	INTERVAL BET ONSET AND D	
		1MMEDIATE CAUSE	(0) /00	terior To	55a	Drain 10	mor f	2 Mable	011321 71110 0	
		/ C - ^ DUE		111						
		Conditions, if any, which gave	(h) 1/10	tostatie	10	A.C. MOZNO				
		rse ta immediate couse (o), DUE	TO O		-	7 111	100 000 1	011	1	
		stating the underlying cause (c) Corcinoma fung. (1605 pital July 68)								
			19 Le		afr		Cosperial	F / C18	I 30 MAC AUTO	D.DC.V
_	볽	PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE COND	ITION GIVEN IN PARTAGO	1)	19 WAS AUTO PERFORM	ED?
2	CERTIFICATION									NO Z
	Ħ	20a ACCIDENT WAS UNDERLYING [2]	20b DE	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in Po	rt I or Port II af item 18)		
	ERI	OR CONTRIBUTING CAUSE OF DEATH						•		
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED	1 00. Dt 4/	T OF INITIDY (Name Asset	20f. (City or town	n) (Count	ha) /	Fantal
	MED (20c TIME OF INJURY Month, Day, Year Haur o.m.	While			E OF INJURY (Home, form, ary, street, office blag., etc.)	20f. (City or town	1) (CODIII	(4)	(State)
	\$	p.m. 19	at wor							
		21. I certify that (I) (this has	pital) atten	ded the deceased	fram_/	me. 19	67,10 HIL	aux. 196	that (I) (we) last
	Н	saw the deceased alive an				death accurred at				
		220 SIGNATURE					7	22b. DAJ		,
		/// // // // ///	CAISO	21	M. [IED. STAFF	Dist	30-1	27
		J J J J J J J J J J J J J J J J J J J	yrisi.	,,,	M. I.	PHYS. D	IRECTOR L. PHYS	DOU.	10 6	
- 1		22c. PHYSICIAN'S NAME (Type)				ZZG. AUUKESS				
. 1										
1	230	1. BURIA., CREMATION, 23b. DATE TH	REOF	23c. NAME OF CEN	NETERY ÖR I	REMATORY	23d LOCATION (City of	,	**	loie)
K	В	urlal (Specify) Nov. 2	. 1967	New Cath	edral	Cmmetery	Balimore,	Maryland	i	
1/	_ 24	I. FUNERAL DIRECTOR		ADDRESS		25A PEC'D		REGISTRAR'S SIG		
111	Wi	n. Cook-Brooks Tows	on 10	050 York R	oad 2	1204 DATENON		Milane		
1			TI.	WEAR_MDAR	91.00	DATENUL	4 1004	1	A Property	hep-affe

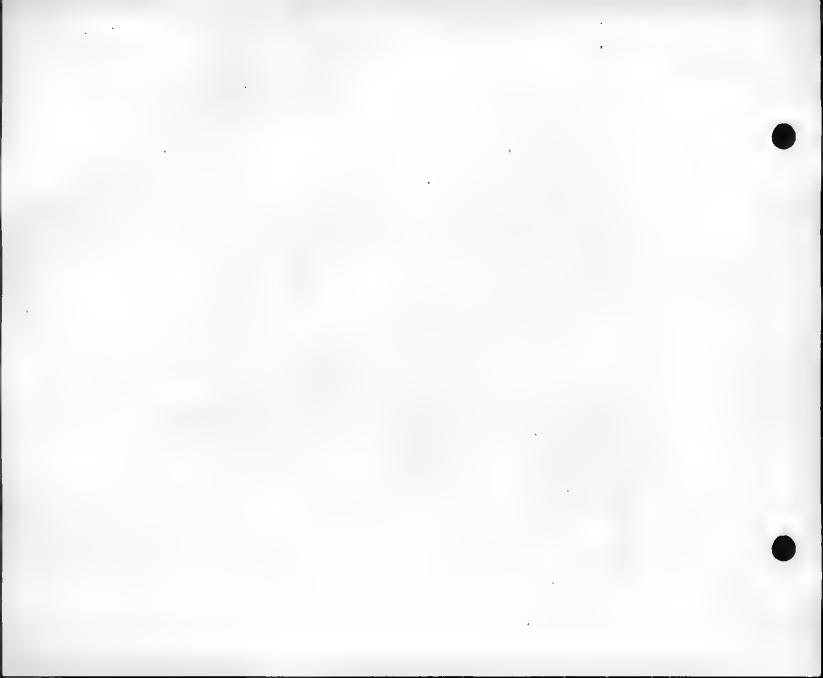


13571

CERTIFICATE OF DEATH

13577

	1 PLACE OF DEATH D. COUNTY P. I. I.	2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o. STATE M_1 b. COUNTY (2) / /
in the second	DOLCCUMORE MARYLAND	PIC. Dalto.
urs or by the Poge ours af	b CHY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
filled in by the popers Poges thin 72 hours aft	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 279 (hatsworth Ave.	d street address 279 Chatsworth Ave. 8 IS RESIDENCE ON A FARM? YES NO [X]
	3 NAME OF DECEASED (Type or print) Navy First Middle D.	Owings 4. DATE Manth Day Year October 20, 19 67
		B. DATE OF BIRTH 9 AGE (In years tribunder 1 YEAR IF UNDER 24 HRS that birthday) 9 AGE (In years that birthday)
ore be exercian ond a lease remo	1Do USUAL OCCUPATION (Give kind of work done during goost of working life, even if retired) 1Db KIND OF BUSINESS OR (NDUSTRY)	11 BIRTHPLACE (County & State or foreign country) Baltimore City, Md. 12 CITIZEN OF WHAT COUNTRY
0 0 n ->	13 FATHERS NAME Thomas Rawlings	14 MOTHERS MAIDEN NAME ELizabeth (ook
rnot the death certin on. by the ottending phy frons't permit. Then I cremation, or removal	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 14) grunknown) (If yes give wor or dotes of service) 220-54-5530	NFORMANT s. M. Dopothea Miller Reisterstown, Md.
the of the or the maximum to the or t	18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DESCRIBED	hemorrhage Interval Between Obser and Dath
ysicion ysicion jned by rial-tro rial, cre	Conditions, if any, which gove) DUE TO Conditions, if any, which gove)	Le cerdhal lkag-
w required by the property of	rise to immediate couse (a), stating the underlying couse (b) (c) DUE TO	und preymonia, A 2 dags
r affender her la her l	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL O SPASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTO SY PERFORM 07 YES 7 NO
Sicians spitol o entificat ed far of Hec	OR CONTRIBUTING CLAUSE OF DEATH	(Enter nature of injury in Port I or Part II of item 18.)
the hor this or this or detoch te Dept	20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLAN	CE OF INJURY (Home, farm ory, street, office-bidg, etc.) 20f (City or town) (Kounty) (State)
R. Afte only personal particular personal person	21, certify that (I) (this hospital) attended the deceased from	death accurred at M. fram causes and on the date stated obove.
RECTO RECTO RECTO 3 sho d with	220 SIGNATURE M.E.	ATTENDING MED STAFF 22b DATE S GNED
may be file file	DEC PHYSILIAN'S MAME (Type) GARCES (F. S.	PRISTANCE TO WIX, MI
O FUNERA director, p	230. BURIAL CREMATION, BREMOVAL (Specify) Oct. 23, 1967 All Saints (
VR A15 (4)	J. F. Eline & Sons Reisterstown, Md.	250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
25M 1/67	o Core a soil heisterstown, Ma.	DATE OCT 23 1967 Cliantes Justice



435

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF	DEATH

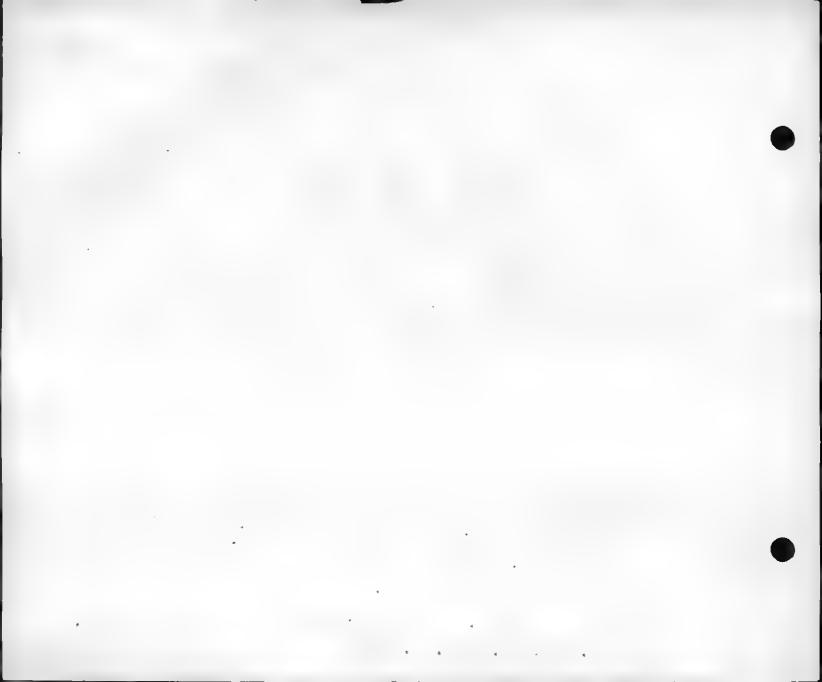
13578

ī	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	o. COUNTY Baltimote b CITY OR TOWN (# outside comprate limits.	MARYEAND	o. STATE b COUNTY maryland Battimore						
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c, LENGTH OF STAY IN 16		arparate limits, write RURAL and gi					
	Paitimare	10 days	4512 Gara	den Drive					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g	ive street address)	d STREET ADDRESS	The state of the s	e IS RESIDENCE ON A FARM?				
	Greater Baltimore Medi	cal conter	Baltimore	, Md 21215	YES NO				
3	NAME OF First	Middle	Lost 4, E		Day Year				
	DECEASED (Type or print) Alfred (Alfonsas)	Charles Palasi	d.	DF DEATH 10 -	18 1967				
5	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (in years IF UNDER last birthday) Months	Oavs Hours Min.				
	male white WIDOWED	DIVORCED .	8-8-10	57 Y'S	Duys Huers Mill.				
		NO OF BUSINESS OR	11 BIRTHPLACE (County & State		ITIZEN OF WHAT OUNTRY?				
L	Bartender Em	oustry erson Hotel	Balti mo		USA				
1	3. FATHER S NAME		14. MOTHER'S MAIDEN NAME						
	Joseph Palaski		Julia Berno						
1	Vac no se selve at 1916 see and a see detect of consumal		NFORMANT .	Address					
	No 2.	16-05-2817 An	gelina Palaski	, 4512 Garden Di	r.				
	18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY:	(a), (b), ond (c).)	00 1		ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	91 - OULLUNG	14-111	L.	OUSEL MID DEATH				
	Conditions if any which gave a								
	Conditions, if any, which gave (b) (b)	3 Grace	- Michily	m					
	stating the underlying couse	•	V						
	lost. (c)	o control out not origin to	TO TO ALLUA DISCLOS COLONIALO	Objects to below 1/ b	19. WAS AUTOPSY				
1 3	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEVIN BALL NOT KETATED TO	HE TERMINAL DISEASE CONDITION	V GIVEN IN PART 1(a)	PERFORMED?				
	20- ACCIDENT WAS UNDERDINING FT. 201 DES	ATACHES HOW MURICIPALITY TO A TO	ff-t D. a.t.	. D. a H. f 24 . 10 h	YES NO V				
CEPTIFICATION	20d ACCIDENT WAS UNDERLYING ☐ 20b DES OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	tenter nature at injury in Part I	or Part II of Item 18)					
		NURY OCCURRED 20e PLAI	CE OF INJURY (Hame, form,	20F (City or town) (C	ounty) (State)				
MEDICAL	Haur a.m While	Not While facto	pry, street, affice bldg., etc)	zor (city or idwii) (c	001.14) (2.0.4)				
^	p.m. 17 at wark		-26-66.19	1010-18 19	/ 7 at a 10 t a 1 to				
	21. I certify that (1) (this haspital) attends	led the deceased from the	death accurred ation	SAM, fram causes and on	67 that (I) (we) last				
	22g. SIGNATURE	11101, and ma	dealli accalled al 272 -		DATE SIGNED				
	Cee III. de 1	Leen Mc	PHYS MED MED DIRECT	STAFF COLLECT	-18 67				
	22c PHYSIT ANS NAME (Type) JCST M. DE	: LEUN, MD	22d. ADDRESS						
2	3a BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 2	3d LOCATION (City or Town)	(County) (State)				
	Buria (Pecify) 10-21-67	Holy Redeen	ner :	Balto., Md.					
	24 FUNERAL DIRECTOR	ADDRESS	250 RECD BY R	EGISTRAR C7 256/ REGISTRARS	SIGNATURE				
	Leonard J. Ruck, Inc., 5305	Harford Rd.	DATUGE	2 2001	0 8				

IO INSPITAL OR ATTINIME PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. certay filled in by the funeral carbon papers. Pages Land ent. Within 72 haurs after cent TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completetry director, page 3 should be defached far use as the burial transit permit. Then please rem≡ve carbar shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any efent, wi Page 4 may fill retained by the hampital or attending pillysician.

1. 拉袋。

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Maryland Baltimore after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ely filled in by the bon papers. Page within 72 hours a Baltimore Catonsville 23vr5mth9dvs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1819 North Milton Avenue STATE HOSPITAL **SPRING** GROVE NO ... 3. NAME OF Middle 4. DATE Year DECEASED OF DEATH October Parker Lewis James (Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Days Months Hours May 14, 1904 white WIDOWED 130 DIVORCED male 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ref red) INDUSTRY COUNTRY? Maryland printer 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remaval, William Parker Lydia Horst IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no ar enknown) (If yes give wor or dotes of service) 212-07-1427 Records: SPRING G ROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular heart disease IMMEDIATE CAUSE (o) DUE TO Arteriosclerosis, generalized Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Lobar pneumonia, terminal; organism undetermined NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 2Do ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Ноыт о.т. Not While factory, street, affice bldg., etc.) at work L 21. I certify that (F (this haspital) attended the deceased fram 24, 19 67, that \$1) (we) last TO FUNERAL DIRECTOR: saw the deceased alive an ___19.67 , and that death accurred at M, from causes and on the date stated above 220. SIGNATURE 22b DATE SIGNED MED ATTENDING 10-25-67 DIRECTOR director, page should be filed 22d ADDRESS SPRING GROVE STATE HOSPITAL NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228 230 BUR AL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 10/28/67. Baltimore Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Leonard J. Ruck, Inc. Balto. Md. 21214 DATE OCT 26 1967



	13574	CERTIFICATE	OF DEATH		13580
	PLACE OF DEATH Fellemore COUNTY Randallstown,	Baltimore MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary	Where deceased lived, if institu land b COL	tion Residence before admission).
	b CITY OR TOWN (If outside corporate limits, write RURAL and a ve negresh town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If our Balti	tside corporate limits, write RU MOPE	IRA, and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Chapel Hill Nursi:		d STREET ADDRESS 5013	Westhills Ros	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED First (Type or print) Lillian I.	Middle Pearson	Lost	4 DATE Mor OF OCTO	ober 23, 19 67
	Female Cauc. W	ARRIED NEVER MARRIED 6 DOWED DIVORCED 6	Jan.22, 19	9. AGE (n years lost b rinday) yrs	1F UNDER 1 YEAR 1F UNDER 24 HRS Months Days Hours Min
UΓ	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County I	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRYS. A.
3.	FATHER'S NAME John		14. MOTHER'S MAIDEN N	NAME	
5 Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	(e) D	olmas O. Pe	Addi	ess
	18 CAUSE OF DEATH (Enter only one couse per PART L. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (o), (b), and (c).) C.A. of Pa	uylah	¿ Meter	Tables Interval Between ONSET AND DEATH TO THE PROPERTY OF THE
5000	PART II. OTHER SIGNIFICANT CONDITIONS CONTR. 20g ACCIDENT WAS UNDERLYING □	BUTING TO DEATH BUT NOT RELATED TO T 20b DESCRIBE HOW INJURY OCCURRED (19 WAS AUTOPSY PERFORMED? YES NO V
IN OF THE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor Hour 'c.m.	20d INJURY OCCURRED 20e, PLAC	E OF INJURY (Home, form	, 20f (C.fy or town)	(County) (State)
45	21. I certify that (1) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at	967,10 10-2	and an the date stated above 22b DATE SIGNED 10-24-67
	22c. PHYSICIAN'S NAME (Type) CESAR VALL	CAVERO	22d ADDRESS 8629	Liberty 1	28
	BURIAL CREMATION, 236 DATE THEREOF 10/26/67	23c NAME OF CEMETERY OR C Loudon Par	k	23d LOCATION (City of To Balto. Ma	ryland
24	. FUNERAL DIRECTOR Witzke & Sons 4101	Edmondson Ave. 2	1229 250. REC'D	a 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EGISTRAR S. SIGNATURE

25

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hmurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledown by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 and should be tiled with the State Dept of H∎alth prior to burial, cremation, ar re≡aval, a≡d in any event, within-72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the burial transit permit. Then please remove carbon papels. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eventh within 77 hours after death. after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

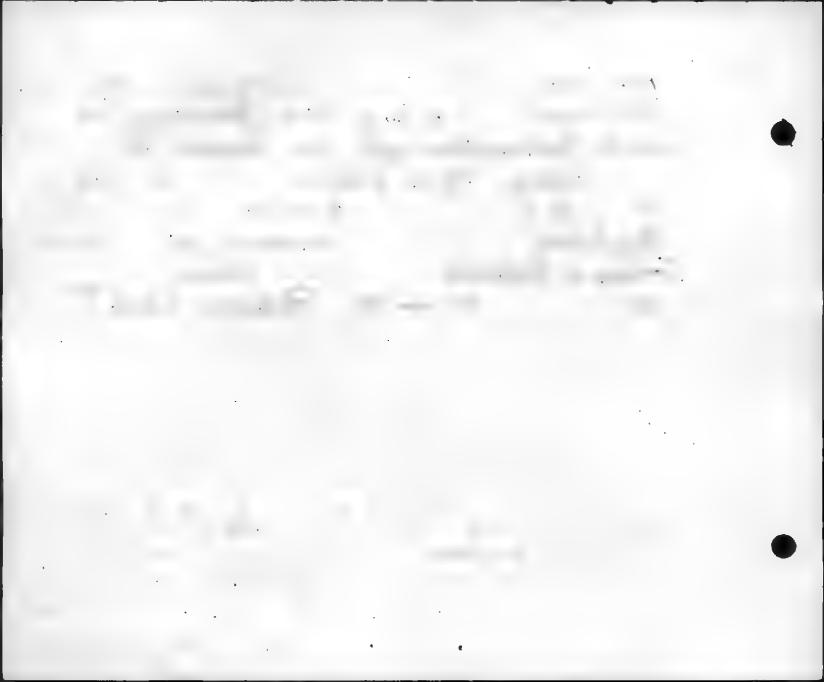
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

BLACE OF DEATH

_	_0000	CERTIFICATE OF DEA	ALIT	13071
1.	PLACE OF BEATH	, 2. USUAL RES	IDENCE (Where deceased lived, If in:	stitution: Residence before admission)
	Balt moor	a. STATE	An I have b. cour	The It. son
_	5. CITY OR TOWN (If outside corporate limits.	MARYLAND C. CITY OR TOY	YN (if patside corporate limits, wr	ite RURAL and give nearest fown)
	write BURAL and give nearest town)	42.1	(Pasa/a/	P
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	1 21 days 3500	Versedyre	2 Ad
	O. WASTE OF HOSPITAL OR INSTITUTION (IF HOT IN II	ospital, give street address) d. STREET ADD	T T	6. IS RESIDENCE ON A FARM?
C	REALER BALTIMOREIK	MICAN LENTER 3500	Kasedalle 1	YES NO X
3.	NAME OF FIRST	/ Middle Last	4. DATE Monti	Day Year
	(Type or print) CORGE F	PARIS TONOLITAN	DF DEATH (O	21/ 10/7
5.	CEV COLOR DO DECITO	NEVER MARRIED 8. OATE OF BIRT	H 9. AGE (In years)	IF UNDER 1 YEAR F UNDER 24 HRS.
	M WIOOWED	OLYORCED 5-29-	last birthday)	Months Days Hours Min.
10			CE (County & State, or foreign country) 12. CITIZEN OF WHAT
du	a. USUAL OCCUPATION (Give kind of work done 10b. K		se (county & state, or lovergir country	COUNTRY
إ	INVSICIAN IN	edical HNNP	POIS ME	USH
1	FATHER'S NAME		MAIDEN NAME	
	scorge Lu rencheto	N Clarina	HARRIS	
15 (Y	es, no, or unkgwn) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17. INFORMANT	Addres	SS -
l `.	No	4-14-7119 +2	tiont's (h	AP
_	18. CAUSE OF DEATH (Enter only one cause per i	ine for (a), (b), and (c),]	HERIO OH	INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:	Candiman Transfor	Parline.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	car occirospryacty	Juna	
	Conditions If any which)	Quil Para outo		
	Conditions, if any, which gave rise to immediate (b)	10st Procumorecus	my	
	cause (a), stating the DUE TO		8 11 1.	
z	underlying cause last. (c)	caranomi	Keght und	
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUTNOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN (IV	PART 1(a) 19. WAS AUTOPSY PERFORMED?
S				YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter natu	ire of injury in Part I or Part II o	f item 18.)
CEI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL	20c. TIME OF INJURY Month, Day, Year 2Dd. I	NJURY OCCURRED 20e. PLACE OF INJURY (Ho		(County) (State)
MEDICAL	Hour a.m. White	Not While factory, street, office bl	dg., etc.)	
Σ	p.m. 19 at worl		10 17 . 10 21	/
	21. I certify that (I) (this hospital) attends			-, 19_67, that (I) (we) last
	saw the deceased alive on 10 - 24 ·	19 67_, and that death occurred	at 12:25 M, from the causes	and on the date stated above.
	P. Co. a. Se	ATTENDING -	MED. STAFF	4.5
	22c. PHYSICIAN'S	M.D. PHYS.	DIRECTOR PHYS.	10.24.61
	NAME (Type) D CHALL	DILLOI La .		ical Conton
-	1, 01174	VHUKI Greate		
238	REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, to	
	Burial 10/28/67	Brewer Hill Cemetery		d. Anne Arundel.
24	. FUNERAL DIRECTOR	ADORESS 25a.		
1	Herbert E. Nutter-3035 W.	North Ave+	_OCT 2 # 1967 - Ø	Charle James

VR A15 (4) 20M 1/65

V)



MARYLAND STATE DEPARTMENT OF HEALTH

257 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13582

CA PT	L.		
作 是意	Ī	1. PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived, if instit	
210.8		a. COUNTY Baltimore MARYLAND a STATE MASS, b. CO	Thru
e a	ŀ	b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write R	(IR&) and give pearest town)
by the Pages		write RURAL and give neorest fown)	,
yd Do	-		+ AVe
2 S S S S S S S S S S S S S S S S S S S	_	d NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street address) d STREET ADDRESS	e IS RES DENCE ON A FARM?
Page .)	MASONIC Homes Bonnie Blink Pitts Field	YES NO X
>PH K			onth Day Year
W 111		DECEASED (Type or print) AdA E Perine DEATH OCT	1, 1967
completions con y event	ı	E STY A COURT OF PACE TO HARRIED TO MERCEN TO DATE OF DIPTU	IF JNDER I YEAR IF JNDER 24 HRS
0 V e		WIDOWED DIVORCED 5/9//875 9 ost birthday)	Manths Days Hours Min
and campremands	ŀ	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
E - E		during most of working life, even if retired) INDUSTRY TT	COUNTRY?
lease and I	Ļ	Flore Mite	d = A
physician en please aval, and i		13. FATHER'S NAME	10
hen hava		WILLIAM Nall Lours M. 1	owel
signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	ı	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Add	dress
d mit		(Yes, no, or unknown) (If yes give war or dates of service) 2/2-16-04568 Masonic Home, Cockeysvi	lle. Maryland
at a diam	ŀ	10 COURT OF BEATLY (F. J., J. J., L. A.) (1) L(A.)	INTERVAL BETWEEN
the rate	- 1	PART I DEATH WAS CAUSED BY	ONSET AND DEATH
d by the transit		IMMEDIATE CAUSE (a)	
라는 는		Conditions, if ony, which gave) DUE TO 3/ Srowtho freumance	
signed burial-t burial,		rice to immediate course (a)	
		stoting the underlying couse DUE TO 3 Chamil Brain July	
been s the iar ta		lost (1) Wellow askingling	
has se as h pri	- 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
e Page -	31	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH OR CONTRIBUTING CLAUSE OF DEATH OR CONTRIBUTING ACCIDENT WAS UNDERLYING CLAUSE OF DEATH OR CONTRIBUTING CLAUSE OF DEATH OR CONTRIBUTION CLAUSE OF DEATH OR CONTRIB	YES NO
ficate for us Healt	\exists	E 20g ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
thed the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
pt-che e			(County) (State)
this Dep		Haur a.m. While — Nat While — factory, street, office bldg., etc.)	(5,010)
e d ate	-1	p.m. Of wark a dr wark	
AF de Si		21. I certify that (1) (this haspital) attended the deceased fram (1), 1965, to 3	a, 1967 that (I) (we) last
Shauld iii th	- 1	saw the deceased alive an 8930 1967, and that death accurred at 295PM, from cause	s and an the date stated above
D 4 4		220 SIGNATURE TRANSITION HAMED MED. STAFF	22b. DATE SIGNED
DIR Bed v		M.D PHYS. DIRECTOR PHYS	0 10/1167
		22c. PHYSICIANS 22d. ADDRESS A Charlet	DME
Per La		NAME (Type) JAMSHID HAMED. MYT) ONIC ITE	- C C C C C C C C C C C C C C C C C C C
or FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to	ľ	230 BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or 1	Town) (County) (Stote)
E. Fields 1		REMOVAL (Specify) Oct. 4, 1967 OAK Lown Cemetery Baltimore,	Maryland
7	K	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
VR A15 (4)	1	wm. Coek-Brooks Towson, 1050 York Read Dat CT 5 1967	Elianles Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital at attending physician.



13577

CERTIFICATE OF DEATH

133533

	PLACE OF DEATH			here deceased lived, if institution. Res	dence before admission)			
	o. COUNTY Baltimore	MARYLAND	o. STATE	Md b. COUNTY	VASHINGTON			
1	5 CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and	give necrest town)			
	write RURA, and give nearest town) Mount Wilson	25 davs	HAGER	STOWAL	- -			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS	-, 01676	e IS RESIDENCE			
	Mount Wilson State Hospit		166	1 SALEM AVE.	ON A FARM? YES NO			
	NAME OF First	Middle	Lost	4 DATE Month OF	Doy Year			
	(Type or print) ALT XANDER	KANDOLPH	PERROTT	DEATH (V	28 1967			
2	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF UN last birthday) Mont	DER I YEAR OF UNDER 24 HRS. hs Doys Hours Min			
	MIDOWEI		1-2-06	6/ yrs.				
		KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County 8	State or foreign country) 12	COUNTRY?			
	Appliance Service man Ju	uniture Store	CHARLTON	V, Md.	USA			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME				
	JAROB PERROTT		EFFIE	BERTELS				
	3 144		INFORMANT	Address				
(18	(If yes give wor or dates of service)	214-09-8819 Re	cords at Mou	unt Wilson State	Hospital			
	18. CAUSE OF DEATH (Enter only one couse per line f		01		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	FAR ADVANCE	D YULNIUNAI	RV /UBECULUSIS	ONSET AND DEATH			
İ	CU - 1 DUE TO							
	Conditions, if any, which gave) (b)							
i	rise to immediate couse (a), DUE TO							
	lost. (c)							
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY			
					PERFORMED? YES NO 🖂			
CERTIFICATION	200 ACCIDENT WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	ort 1 or Port II of Item IB)] 10 [] 10 [2]			
CERT.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(
₹		INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State)			
MEDICAL	Hour o.m. Wh	ile Not While in foct	ory, street, office bldg., etc.)	(40) 01 10101	(2001)			
	p.m. 101 W	ork of work	007. 2 30	107 m 1007 20 1	10 /2 11 - (11) () 1			
	21. 1 certify that (I) (this haspital) attended the deceased fram <u>OET 3</u> , 1967, to <u>OET 28</u> , 1967, that (I) (we) last saw the deceased alive an							
	220 SIGNATURE		I death accorred at		. DATE SIGNED			
	1 Menomin	J.M		MED STAFF D	A PARE HORED			
-	29. DHYSICIAN'S		22d ADDRESS	OKECTOR CO PRES CO				
	NAME (Type) William Newcom	er, M.D.		son, Maryland				
230	BUR AL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)			
-50	REMOVAL (Specify)	Risthan	12 _1	(dagaratre	Zvasa Zuce			
24	FUNERAL DIRECTOR 177/16 / 200 201	ADDRESS AND	Zarel 250, RECD	BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE			
n	+ The 100 per 201. 0010	Le CELY GUES	7.76(of a Grandens			
16	It Ite very Towneral Cu	alo 1 1901 /2m	neid MANT	3 1 1967 Elia	The state of the s			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon Dagers. Pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within Minaus of the state. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF WITH RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13584

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completed, filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove larbon papers. Pages and 2 and 2 should be filed with the state Dept of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CENTITICATE	. OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
COUNTY	o STATE As a b COUNTY of a
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Towson
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
521 Sussex Road	521 Sussex God YES NO XX
. NAME OF First Middle	Lost 4 DATE Month Doy Year
(Type or print) Kathrun Charolette Perru	DEATH October 8 19 67
	8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR 1F JNDER 24 HRS
Female white WIDOWED DIVORCED [1 - 1 10 1001 lost birthday) Months Days Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, ar foreign country) 12 CITIZEN OF WHAT
luring most of working life, even if retired) / JNDIJSTRY /	11 BIRTHPLACE (County & Store, or foreign country) , COUNTRY?
Lenk tipist retired Balto, Jounty	Haryland USH
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
George A. Ooden	Bertha Brant
	INFORMANT Address
111111 11111	Family records
18. CAUSE OF DEATH (Enter only one couse per line for (b), 1b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (0)	my II recurgam
7921 DUE TO	1. 4. 1. 21
Conditions, if ony, which gove) (b)	suggeste , and
rise to immediate couse (o), storing the underlying couse	A 1 (2) 11/2 /n/1
lost (i) Tellenene	taldes Tomal Concellent
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)
	PERFORMED?
200. ACCIDENT WAS UNDER, YING ☐ 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Part II of item 18.)
☑ OR CONTRIBUTING □ CAUSE OF DEATH	tener notate of injury at contract to tener to y
(IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRACTOR INDICATE AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE C
	ICE OF INJURY (Home, form, tory, street, affice bldg., etc.) 20f (City or town) (County) (State)
pm. 19 of work at work	2 De Tours
21 I certify that (1) (this hospitally attended the decorated from	, 19 75, to Celotas , 196 , that (1) (vo last
saw the deceased alive an analysis and that	It death accurred at M. fram causes and an the date stated above.
220 SIGNATURE CONTROL OF CONTROL	22b DATE SIGNED
March Ith Dund In	D PHYS DIRECTOR PHYS D
The PHYSICIAN'S	/ 22d ADDRESS
NAME (Type) Dayles + O'llownell	<u> </u>
230 BURIAL, CREMATION, 23b DATE THEREOF 7230 NAME OF CEMETERY OR	CREMATORY 23d LOCAT ON (City or Town) (County) (State)
Durial 10-11-67 Lorraine Yar	k Cemetery woodlawn d.
24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
John Burns Sons Jouson, Ad.	DATE OCT 16 1967 Petrovies Judge



	200		_000.0			CERTI	FICATE	OF DEATH			ALUUS (NO	
eath	E T T		PLACE OF DEATH					2 USUAL RESIDENCE				admission)
e e	funeral		o. COUNTY B	altimore			RYLAND	Maryla	ınd	p. COUNTY		(/
af	e e	Г		If outside corparate limit d give pegrest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		e limits, write RURAL	ond give nearest	lown)
OUES		L		Towson				Baltin	ore			2
7				AL OR INSTITUTION (If no				d. STREET ADDRESS				IS RES DENCE ON A FARM?
in 2	filled things			Manor Nu	rsing h	iome		Roland A	.ve. &	Rectory	Lane ye	S NO 3
with	wit wit		NAME OF DECEASED		rst	Middle		Last	4 DATE OF	Manth	Day	Year
pa	car car ent,	S	(Type or print)	6. COLOR OR RACE		Easte		terson	DEATH 9	AGE (fn years		1967 IF UNDER 24 HRS
xecut	ind completely remave carban any event, wit	ľ	F	W W	7 MARRIED WIDOWED	NEVER MARRI DIVORC	· -	11-10-188				Hours Min.
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#	attending physician Jermit. Then please an, ar remaval, and i	1S. (Ye	WAS DECEASED EVE s, nq. or unknown)	R IN U.S ARMED FORCES? (If yes give war or dates o	of service X	CIAL SECURITY NO		NFORMANT			Owings	
9	attendi permit. ian, ar r	Ĺ				3-09-48	188	Mrs. Geor	ge P.	Ward 21		
Ť	- LL. =		18. Cause of D Part I. Dea	EATH (Enter only one cou TH WAS CAUSED BY.	- m	50		41.	1	fort.	INTER	VAL BETWEEN T AND DEATH
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™ r	the r to		last.	III Cause	(c)							
e la	as b as prio	2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT, B	LATED TO T	HE TERMINAL DISEASE C	ONDITION GIVEN	N PART 1(a)	19. V	VAS AUTOPSY ERFORMED?
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CIAN	find for of He	CERTIFICATION	2Do. ACCIDENT WA OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRED (Enter nature of injury i	n Part I or Part	Il of item 18.)		
IX I	cer ched			MEDICAL EXAMINER)	204 INIII	IRY OCCURRED	1 20° DI 40	E OF INJURY (Hame, fa	rm. 1 20f.	(City ar tawn)	(County)	(State)
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ATTENDING stained by th	Afte be Sta		21. I certi	fy tho <u>t (I) (</u> this hos					19 5-6, 10	sex 17	, 1967, tho	f (I) (100) los
TEN	agle "			eceased alive an	1000	× 1967.	and that	deoth occurred o	12aM	from causes on		
940	DIRECTO ge 3 sha led with		220. SIGNATURE	02 1	w. D.			ATTENDING 7	HED.	STAFF	22b. DATE SIGNED	1010
L OR			22c. PHYSICIAN'S	Vand	PICOL	7.11	M D	PHYS. 127	DIRECTOR	→ PHYS. →	11000	176-1
TAIL may	RAL be f		NAME (Type		1 Roys	e			Foley	Lane I	ikesvi	lle. Mo
NA	director, po	230	BURIAL, CREMATIC	ON, 23b. DATE THE	EREOF	23c. NAME OF CEA	METERY OR C			ATION (City or Town)		(State)
Palle	e e e e e e e e e e e e e e e e e e e	3	REMOVAL (Specify	10-19	-67			e Cemeter				Md.
-	A15 (4)	24	FUNERAL DIRECTO	P		ADDDESS		aca DE	C'D DV DECKTD	AR 2Sb. REGIS	TRAR'S SIGNATURE	
	M 1/67		F	enkins & 905 York	Sons Cons Road B	alto	Md.	21212 DA O C	1171	967 pu	contes you	age.



(M)			13530	CERTIFICATE	OF DEATH		23586
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f lled h	٠,	/	NAME OF HOSPITAL OR INSTITUTION (IF not 25 FOREST	DRIVE	<u> </u>	REST DRIVE	
campletely ove carbon y event, with		(IAME OF ECEASED (YPE OF PINT) CARPLE	GREY PHILL		4. DATE Mon	
e executand cample remove		S. S	SUAL OCCUPATION (Give kind of work done	7. MARRIED NEVER MARRIED 5 WIDDWED DIVORCED 1 10b. KIND OF BÜSINESS OR	4/24/92	9 AGE (In years lost birthdoy) 75 Yrs.	Months Doys Hours Min
physician aren please ren please r		dur	as the control of the second of work done in g most of working life, even if retired)	INDUSTRY	14. MOTHER'S MAIDEN	& State, or fareign country)	COUNTRY?
h certif ling phy Then remova		15	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, or unknown) (If yes give wor or doles of	16 SOCIAL SECURITY NO 17 II	2 5	BLUMENTHI Addr	42
t the deat the attend sit permit nation, or		(10.	18. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY.	e per line for (o), (b) and (c)		a c. ACKM	INTERVAL BETWEEN ONSET AND DEATH
equires that the physician signed by the burial-transit burial cremat			IMMEDIATE CAUSE (c F # # 7 DUE T Conditions, if any, which gave (s), (single-statement of the course (s), (single-state	goneralizad	adeno	Carcinone	
law r tending is been as the oriar ta				NTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ADITION GIVEN IN PART 1(o)	19 WAS AUTOPSY
AN: The))	FICATION	20a ACCIDENT WAS UNDERLYING []	20b. DESCRIBE HOW INJURY OCCURRED (PERFORMED? YES NO
HYSICI, haspital s certification of lept. of lept.		MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, for	<u> </u>	(County) (State)
DING P by the After thin be det State D		WED	Haur o.m. 19	atwark LJ atwark LJ	ory, street, affice bldg., etc		, 19 <u>67,</u> that (I) (we) la
ATTEN etained CTOR: / should vith the			220 SIGNATURE	atal) attended the deceased fram_5 10 1967, and that	death accurred at		and an the date stated above
FAL OR INT DIRE AL DIRE PAGE 3 Page 3 e filed w	,		22c. Physician's NAME (Type) We the		PHYS. 22d ADDRESS	HOD ONE. B	0 (to. 21218)
TO HOSPITAL Page 4 may b TO FUNERAL D director, page		230	BUR AL, CREMATION, 23b. DATE THER PERMOVAL (Specify) 10/13	REOF 23c NAME OF CEMETERY OR C	REMATORY	23d ±OCATION (City or To	wn) (County) (State)
2 2 0 0 VR A15 (4)	1		FUNERAL DIRECTOR 3	OI FREUENILK RA	250 RFC	BHL 70 D BY REGISTRAR 256 RE	CISTRARS SIGNATURE SEE
- Trans	1		0,7,1,0,10,10	1228	DAIL	1 10 101 1	



MEDICAL CERTIFICATION

22¢.

	MARYLAND STATE DEI DIVISION OF STATISTICAL RESEARCH AND RECORDS	E OF DEATH	ARYLAND		
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro			
- '	a. COUNTY	a STATE b. COUNTY	ltimore		
	Baltimore MARYLAND	Haly Idio			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
	Towson I day	Cockeysville,			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?		
	GREATER BALTIMORE MEDICAL CENTER	Sherwood Road	YES NO SC		
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year		
	(Type or print) WILLIAM BRAND	PINDFILJE DEATH 10	17 19 67		
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER)			
	Male Cauc. WIDOWED DIVORCED S	ept. 16,1910 last pirthday Months 57 yrs. Months	Days Hours Min.		
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT UNTRY?		
	KEK Clerk Dairy	Maryland U.S	S.A.		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Wi	lliam B. Pindell Sr.	Emily Buck			
(Ye	s. no. or unkown) ((If yes nive war or dates of service)	avid Lee Pindell Western Run I			
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDI	OVASCHI AR DISEASE	ONSET AND DEATH		
ı	- Interest of the fat	CHASCOEMY DISCHOL			
- 1	Conditions, If any, which \				
Į	gave rise to immediate				
	cause (a), stating the DUE TO				
2	underlying cause last. (c)				
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	TTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
말	20a. ACCIDENT WAS UNDERLYING [1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part or Part of tem 18.			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 of Part 11 of Item 10.			
ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)		

a.m. While at work Not While 19 at work p.m.

from 10/16 1967 and that death occurred at 307a that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive or from the causes and on the date stated above. 1967 22b. DATE SIGNED 22a. / SIGNATURE 10/17/67 ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D.

22d. ADDRESS

1967

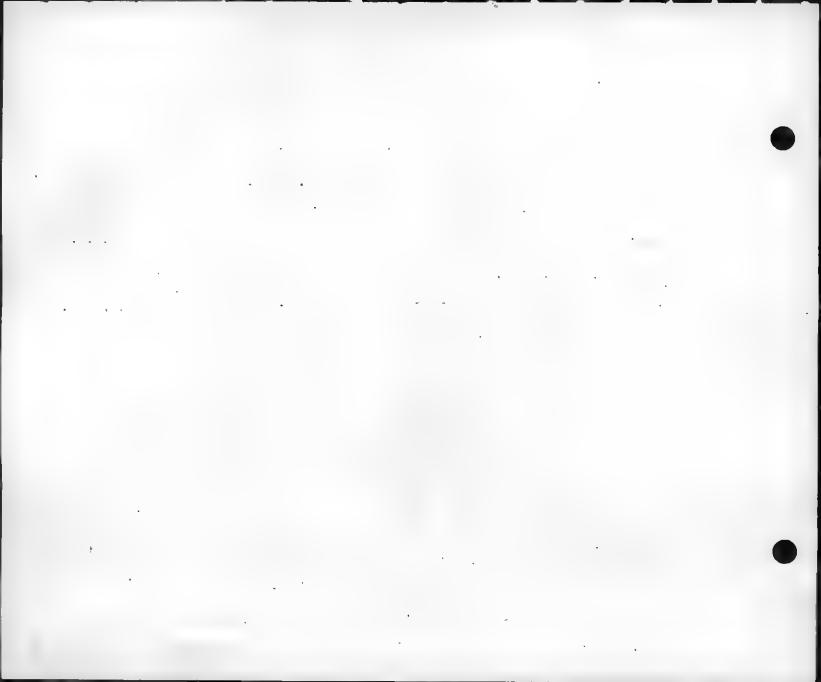
(State)

PHYSICIAN'S NAME (Type) Adams, E. Greater Baltimore Medical Center DATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. LOCATION (City, town or county)

BURIAL, CREMATION, REMOVAL (Specify) Burial 10-19-1967 Druid Ridge Cemetery Pikesville REC'D BY REGISTRAR | 25b. Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS**

21204 Wm. Cook-Brooks Towson 1050 York Red

VR A15 (4) 20M 1/65



DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO FUNERAL DIRECTOR: After

VR A15 (4) 25M 1/67

TO HOSPITAL (Page 4 moy b



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

135893583 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore Baltimore e IS RES DENCE ON A FARM? STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital, Towson, Md. 21204 297 Donnybrook Lane, 21204 YES NO X 3 NAME OF Middle 4. DATE Lost DECEASED POMEROY Montgomery 14 19 67 William October (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours 2-19-84 Male White WIDOWED DIVORCED 10o ItS JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPEACE (County & State, or fareign country) during most of working life, even if retired)

Retired Cier U.B. Navy Yard Virginia 13. FATHER'S NAME MOTHER'S MAIDEN NAME OMEROL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Massive Pulmonary Infarction IMMEDIATE CAUSE (o) DUE TO Pulmonary Thromboembolism Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES DC NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (State) ((ounty) Hour o.m. foctory, street, office bldg, etc.) 19 67 ta 21. I certify that (* (this haspital) attended the deceased from 9-20 10-14 1967, that (序(we) last 10-14 67 and that death accurred at2:20pMmfrom causes and on the date stated above saw the deceased alive on 22o SIGNATURE 22b DATE SIGNED ATTENDING 10-14-67 M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. Reynaldo Orjuela-Somez 7620 York Road, Baltimore, Md. 21204 23g BURIAL CREMATION DATE THEREOI NAME OF CEMETERY OR CREMATORY (Stote)

2So REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: director, page shauld be filed VR A15 (4) 25M 1/67

REMOVAL (Specify) FUNERAL DIRECTOR

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detached for

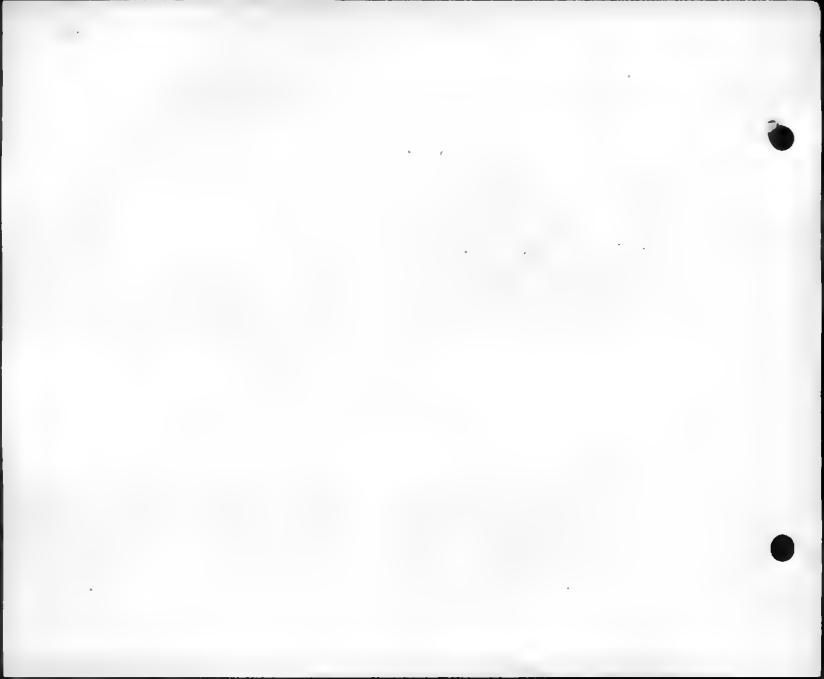
the signed by the burial-transit p

has been

After this certificate

O HOSPITAL OR ATTENDING PHYSICIAN: The law

requires that the death certificate be executed within



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF 16.3 FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY (Baltimore. Page delay is MARYLAND b CITY OR TOWN (If outs de corporate limits, c LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) gud write RURAL and give nearest town) P.M.3 timore 21221 d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS e IS RESIDENCI form haurs ON A FARM? Pages State □ NO X 24 hours after death 3 NAME OF 4. DATE Middie Year DECEASED ÔF Uctober era rice (Type or pant) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF LNDER 1 YEAR 7 MARRIED NEVER MARRIED lost O Z Months birthdoy) Doys Hours White WIDOWED DIVORCED event Item, 11 BIRTHPLACE (Stote or foreign country) 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT Offi during mostrof working life, even if retired) INDUSTRY COUNTRY? Viroinia any Housewite bades n penci ir Exominer: 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Ě and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. "pending" the Chief Medical (Yes, po, or unknown) (If yes give war or dates of service remayal David ame 18 CAUSE OF DEATH (Enter only one couse per li INTERVAL BETWEEN **burial-transit** PART I, DEATH WAS CAUSED BY ONSET AND DEATH ь IMMEDIATE CAUSE (o) This certificate should e, writing the ward farwarded to the Cl burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** o stoting the underlying couse lost. used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PLATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11(g) WAS AUTOPSY PERFORMED? CERTIFICATION NO p 5 may be retained far your ties.

TO FUNERAL DIRECTOR: Page 3 should b
Health or its designated agent, prior i 200 EXTERNAL CAJSE WAS 20b DESCRIBE HOW INIJRY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) should PRIMARY I or CONTR BUTING I **EXAMINER:** CAUSE OF DEATH. 20e PLACE OF INJURY (Nome, farm, 20c. TIME OF N. LRY Month, Doy Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bidg., etc.) Hour d'm While Page at work at work ! 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural Couses X Accident . Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, Town, or county) 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Sherwood (emeteru 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR VR A15ME (5) Ruck, Inc. Balto, Md. 21214 6M 1766



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dwath certificate be executed within 24 Maurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tiled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and shauld be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deaft

13585

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13591

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore									
ı	Ь	b CITY OR TOWN (1 outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)			c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)							
ļ		I QU	NOU!					owson			1 62 5741	D # 10 # #
	d		al OR INSTITUTION (If not i		ive street oddress)		d STREET ADDRES		ghen! Ave	пие	e IS RESI ON A F	ARM?
Ì	D	NAME OF DECEASED	First Daisu	Bo's	Middle L Raphel	,	lost	4 DAT	0-1.	ber 4.	00y Ye	or .
ŀ	5 5	Type or pent)					DATE OF BIRTH	DEA	9. AGE (in years	FUNDER I	7 / - /	R 24 HRS.
	-	emale	Thite	MARRIED >	_		July 26,	1889	last outhday)	Months	Doys Hours	Min.
	10o durin	USUAL OCCUPATION Ing most of working HOUSEULL	(Give kind of work done life, even if retired) LC		ID OF BUSINESS OR DUSTRY ; ; Ome		11. BIRTHPLACE (Co. Neb	ounty & Stote, o	r foreign country)		ZEN OF WHAT	
ı		FATHER'S NAME					14. MOTHER'S MA					
		"illiam	Taylor Boyo	!				Darbh	ell Dar	nell		
	(Yes		R IN U.S. ARMED FORCES? (If yes give wor or dotes of s None	ervice) 16. S	OCIAL SECURITY NO.	-	nformant amily nec	ords	Ado	iress		
Ì		1B CAUSE OF DE PART I. DEAT	EATH (Enter only one couse IH WAS CAUSED BY. IMMEDIATE CAUSE (c)		(o), 15 and (c)	Ca	rdiac	Fran	lure		INTERVAL BE ONSET AND I	
	- 1	/	DUE TO)	(I)T	rios	· Carrie					
		rise to immediate cause (a)										
	- 1	stoting the under	rlying couse									
	ŀ		J (c) GNIFICANT CONDITIONS CON		D DEATH SUT NOT R	FLATED TO 1	HE TERMINA, DISEAS	SE CONDITION (S VEN IN PART I(a)		19 WAS AUT	OPSY
,	CERTIFICATION						TENNINE DISERS		7 7514 10 7 700 1 (5)		PERFORM YES	NO P
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRED	Enter nature of inju-	ry in Port , or	Port M of Item 18.)			
	MEDICAL	20c. TIME OF INSE Hour 'o.n p.n	10	20d. IN While ot work	Not While of work		E OF INJURY (Home ory, street, office bldg		f (City or town)	(Cour	nty)	(Stote)
		21. I certify that (I) (this hospital) attended the deceased fram 9.19 , 1962 to 10/4 , 1961, that (I) (we) last saw the deceased glive on 1974 and that death accurred at 1973 M, fram causes and an the date stated above.										
		220, SIĞNATURE	Laurence	0-1	Post	M D		MED DIRECTOR	STAFF PHYS	22b. DA	10/6/67	7
		22c. PHYSICIAN'S NAME (Type)	LAURE	Nes	CPos	1	22d ADDRESS	05 6	fork K	d-Ba	do 21	12-
	230	BUR AL, CREMAT C REMOVAL (Specify		0F	23c. NAME OF CE		_		LOCATION (City or 1	, ,		tote)
	24.	FUNERAL DIRECTO	Burns' Sons,	Tows	ADDRESS	phen' and	s <u>emeten</u> 250 DATE	KEC'D BY REG		REGISTRARS SIG		L/L _n
1												



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

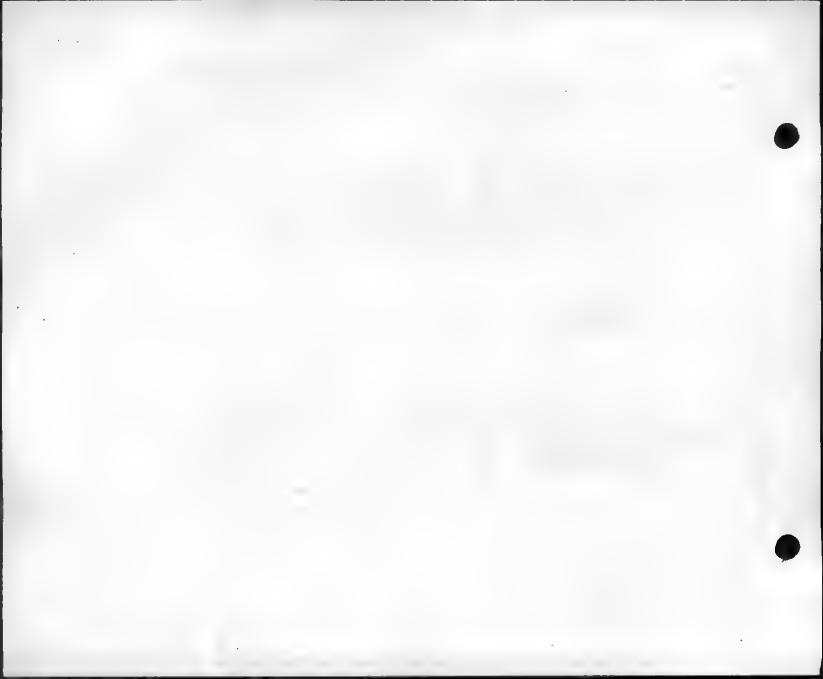
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CERTIFICATE OF DEATH

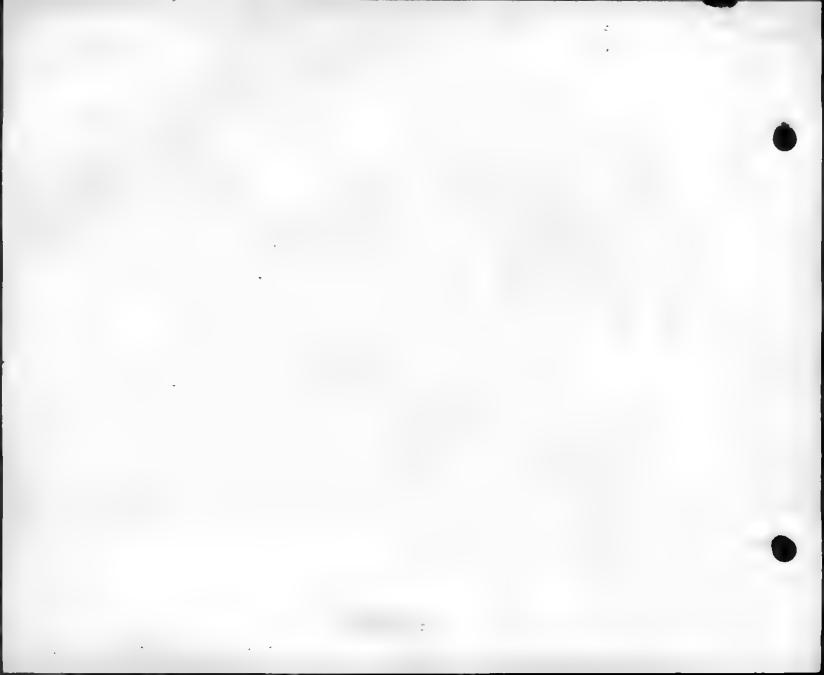
	PLACE OF DEATH				of on. Residence before admission)
	Ealtimore	MARYLAND	o. STATE	yland b. co	UNTY
-	CITY OR TOWN (if ourside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RI	URAL and give nearest town)
	write RURAL and give nearest town)		1 '		one good states and
_	Baltimore			Ltimore	I G BECINENZE
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	· ·	d STREET ADDRESS		e IS RESIDENCE On a FARM?
	St. Joseph's Hos	ek.		Glover Stree	
	NAME OF First DECEASED	Middle	Lost	4. DATE Moi	
	(Type or print) John		Reich	DEATH 1	
5	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	Male White WIDOWED	DIVORCED	12-20-0	2 64 yrs	Months Doys Hours Min.
10o		ND OF BUSINESS OR	11 BIRTHPLACE (Coun	ity & State, or foreign country)	12 CIT ZEN OF WHAT
dur		DUSTRY	Marylan	nd	COUNTRY?
13	Clerk Car		14 MOTHER'S MAIDEN		I II.S.A.
10.					
15	Jacob Reich Was Deceased Ever In U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Anna Kr	,11G	ress
(Ye	s, no, or unknown) ((If yes give wor or dates of service)			You To a	7 S. Glover St.
Ĺ	[2]	2-09-4928	rs. Mary	E. Reich, 71	ltimono Nd
	18. CAUSE OF DEATH (Enter only one couse per line for				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	ronary art	ery dis	ease.	ONSET AND DEATH
		nosilerote ca	retro VND	tuler diseas	
	Conditions, if ony, which gove) (b)				
	rise to immediate cause (o),			· · · · · · · · · · · · · · · · · ·	
	storing the underlying couse				
		O DEATH OUT NOT DELATED TO	THE TERMINAL DISEASE C	ONDITION CHIEN IN DADT 1/-)	19 WAS AUTOPSY
S	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT KELATED TO	ITTE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	PERFORMED?
8					YES NO Z
CERTIFICAT.ON	20o ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury i	in Port I or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	and the state of t		CE OF INJURY (Home, fo		(County) (State)
MEI	Hour a.m. While at work		ory, street, office bldg., et	tc.)	
	21. I certify that (1) (this haspital) attend		C=8-	1957 to 165	2 / - 19 67 that (1) (west last
	saw the deceased alive an 100 - 2	/ 19 47 , and tha	t death accurred o	ate A M, fram causes	s and an the date stated above.
	220. SIGNATURE	10 1	ATTEMPING	MPD STAFF	22b. DATE SIGNED
	Golen i	MI mld MI	D. PHYS.	MED. STAFF DIRECTOR PHYS.	10-30-27
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type)		14/4	EAST AV	E. 21224
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LGCATION (City or T	, , , , , ,
	REMOVAL (Specify) Burial 10/31/67	Parkwood (emetery	Baltimor	e, Md.
	FUNERAL DIRECTOR	ADDRESS	2So RF	CD BY REGISTRAR 10 296. I	REGISTINGES SIGNATURE CANALA
N		3021 Eastern Baltimore. M		MAA T 1901	1
W.		COLL DISCUSION NO	3.4.0		-

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and comptetely filed in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carban dapers— Pashauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hay. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



13587 CERTIFICATE OF DEATH 13593 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edimission) o. COUNTY a. STATE **b** COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest tawn) b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY-IN 16 write RURAL and give relatest town) e IS RESIDENCE ON A FARM? d NAME-OF HOSPIFAL OR INSTITUTION (If not in haspital, give street address) .≘ d. STREET_ADDRESS NO PHYSICIAN: The law requires that the death certificate by executed within DATE NAME OF First Middle Day Year carban DECEASED (Type or print) OF DEATH SEX AGE (In years **IF UNDER 1 YEAR** IF UNDER 24 HRS 6. COLOR, OR RACE 7. MARRIED burthday) Manths Days Haurs WIDOWED DIVORCED and 10b, KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE Mounty & State, or fareign country) 12 CITIZEN OF during most of working life, even if petited) 13. FATHER'S NAM 14. MOTHER S MAIDEN NAME crematian, or remaval IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) ecok 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been MAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NO 4 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factary, street, affice blda, etc 1 Not While O HOSPITAL OR ATTENDING at wark 21. I certify that (I) (this hospital) attended the deceased from and that death accurred of saw the deceased alive on M, fram causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS director, page shauld be filled 22d ADDRESS PRYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAN, CREMATION DATE THEREOI (County) FUNERAL DIRECTOR 25c REGID BY REGISTRAR REGISTRAR'S SIGNATURE 25b VR A15 (4)



CERTIFICATE OF DEATH

3588

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completelf filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within the

by the fune ours after 13594

-	<u> </u>	
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
	a COUNTY BATTIMORE MARYLAND	a STATE Md. b COUNTY BALTO.
	b, CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16	c (ITY OR TOWN (If autside carporate hmits, write RURAL and give nearest tawn)
1	write, RURAL and give negrest town) UPAL MASSICOTTS VILLE Life	RUTAL- MATRIOTTS VILLE
-	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	WARds Chape RoAd	WARds Chapel Road YES 12 NO 1
3	NAME OF First Middle	Last 4 DATE Manth Day Year
L	(Type or pnnt)	Shera DEATH 20, 13 1962
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF ARTH 9 AGE (In years IF UNDER 1 YEAR 15 UNDER 24 HRS Inst birthday) Manths Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT
du	ing mast of warking life, even if retired) INDUSTRY . LAR MER FACTOR	MARY And J. S. A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	Anton Reisberg	Matilda Stockenke
	os no or unknown) (If we give your of dates of service)	INFORMANT Address
	No 218-14-7548	Mes. Edna Keisberg - MATTISTESUITE
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)),	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 cents 1	youd dist interction immediate
	TY:/ DUE TO O C L	
	Conditions, if ony, which gave (b)	.D. 4 m
	stating the underlying cause DUF TO	
	last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES [] NO
불	200 ACCIDENT WAS UNDERLYING TO TO 206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of Item 18.)
E	OR CONTRIBUTING CAUSE OF DEATH	titlet hardle at highly he has a driften to-)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLA	ICE OF INJURY (Hame, farm, 20f (City or tawn) (Caunty) (State)
MEDICAL	Haur a.m. While Not While fac	tory, street, affice bldg, etc.)
-	pm. 19 at wark at wark	10/5 / // / 3 10/3/ // /
	21. I certify that (1) (this haspital) attended the deceased fram_saw the deceased dive an	, 196), to 70/3, 196 (that(1) (we) last the death occurred at 2 P.M., from auses and on the date stated above.
	22g. SIGNATURE	22b. DATE SIGNED /
	Neller M	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) MO. D. Elin)1 Randolls mm, Md.
23	BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Style)
	BEMOVAL Specify) 10-16-67 WARDS Chi	apel Cenicles BAHO. Co. Md.
2	FUNERAL DIRECTOR.	250 RECEBY REGISTRANGE 256 REGISTRANS EIGHATUNES



FOR-STATE HEALTH DEPT.

Department TO DEPUTY MEDIAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay a cessary, plinale execute the certificate, writing the mord "bending" in penalt in Item 18. Eive Hages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages 1 and 2 with the State In any event within 72 hours permit. File p a burlal-transit i used as a to burial, 3 should be agent, prior t TO FUNERAL DIRECTOR: Page of Health or its designated

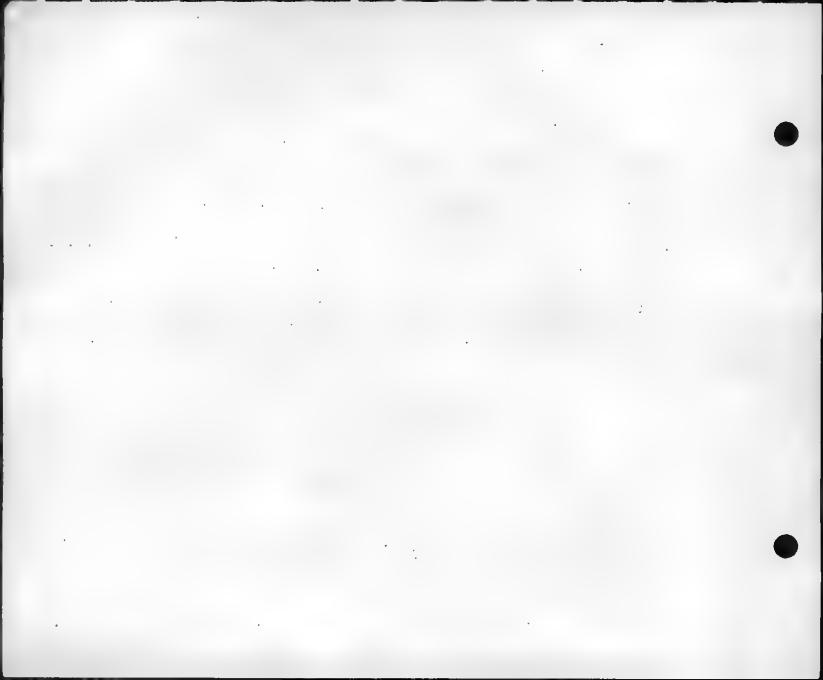
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md b. COUNTY Bellinore
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Catonsville
Jatonsville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM!
24 Dunmore Rd	YES NO
3. NAME OF Prancifist Doory	Resau 4. DATE Month Day Year
(Type or print) 5. SEX _ 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8	DEATH 19 67 B. DATE OF BIRTH L9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 White Widowed Divorced	August 1,1006 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Morroll Clades and	earch Center Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter A. resau	Anna Marie DeMinnis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknwn) (If yes give war or dates of service)	ers. Mary Resau 24 Dunmore Rd
1 2 2 3 1 0 0 0 0 1	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	scular Deserve and Death
t + + 1 Due To	
Conditions, if any, which } (b)	
gave rise to immediate (
underlying acting till	
/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E I WAS ALL AND THE CONTROL OF THE C	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUR CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPATION OF COUR COUR COUR COUR COUR COUR COUR COUR	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAG	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, hel	d an Autopsy 🗍 , Inspection 🔀 , Inquiry 📋 , and In my opinion
death resulted from: Natural causes , Accident , Sui	cide , Homicide , Undetermined manner
0 260 06	CHIEF MEDICAL EXAMINER []
SIGNATURE VI Frederic Fur	M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
CVANAGED CO. 1	DEPUTY MEDICAL EXAMINER
EXAMINER'S J. N. Frederick mp	Address (Street, city, town, or county) 13/1 francis are
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	edral Com. Biltimore .d.
24. FUNERAL DIRECTOR 600 FSSF rede	
Farley Cavenaugh Funeral Home A	Ve. DATA OF 1 3 1967 Tel arla Judia.
	001 1 0 1001



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH b. COUNTBa Himire D. COUNTY ALTIMORE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 2120 day5 Hi more andallstown IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8407 Liberter ounter Coeneral HOSPi YES 3. NAME OF 4 DATE Month Year DECEASED OF eynolds 10 30 19 6 / DEATH (Type or print) AGE (In veors IF HINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost pirthdoy) Months 8-24-98 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during/mostrof working life, even if retired) INDUSTRY Managas 14. MOTHER'S MAIDEN NAME FATHER'S NAME preever a.ude WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PERFORMED? 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) Hour o.m.

20o ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH

21. I certify that (I) (this haspital) attended the deceased fram,

Not While ot work

foctory, street, office bldg., etc.)

19 6 7 to

19 5 7 and that death accurred at 9 20 M, fram causes and on the date stated above

., 19 6 (That (I) (we) last

saw the deceased alive an___ 22o. SIGNATURE

22c PHYSICIAN'S

BEMOVAL (Specify)

ATTENDING 22d. ADDRESS DIRECTOR

22b. DATE SIGNED

30

director, page should be filed NAME (Type) 23p. BURIAL CREMATION

23b. DATE/THEREOF

NAME OF CEMETERY OR CREMATORY

23d LOCATION (Lity or Town)

(Stote) (County)

VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours after death

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signed by the attending physician burial-transit permit. Then please burial, crematian, ar removal, and

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attending physician

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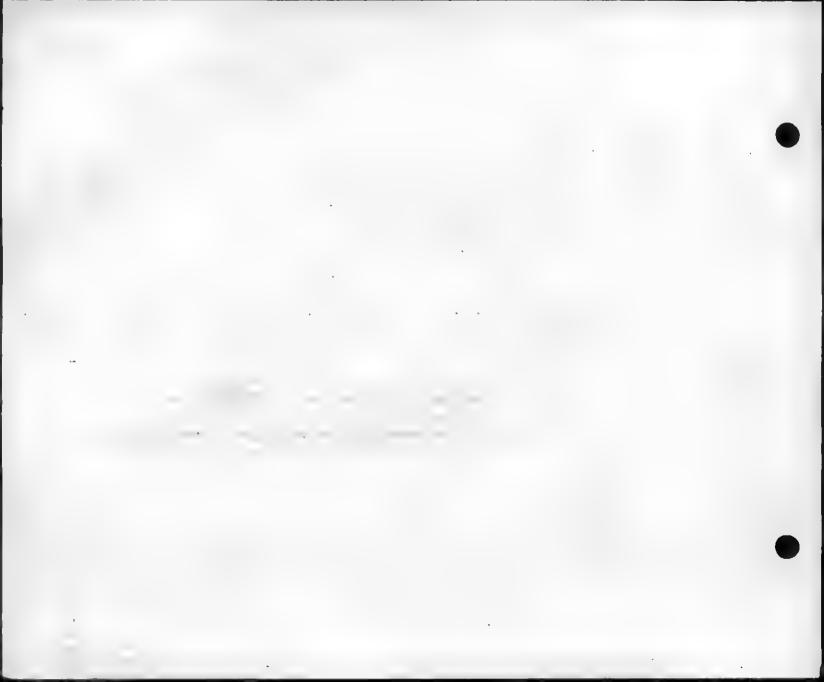
TO FUNERAL DIRECTOR: After this certificate has been

S SEX

2So. REC'D BY REGISTRAR

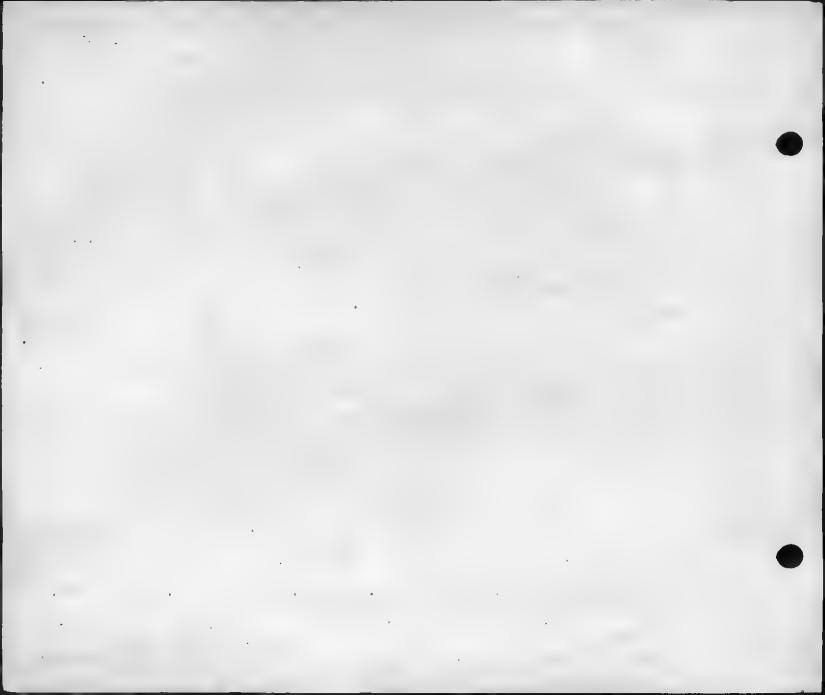
1967

25b. REGISTRAR S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13597こしびょ 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY Baltimore Co. Baltimore County MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give nearest town Life Overlea Overlea d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 7214 Linden Ave 7214 Linden Ave YES NO XX 3. NAME OF 4. DATE Month Year DECEASED OF (Type or print) Anna Mariah Rhodes DEATH October 10 1967 carbon at, within 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years) IF UNDER 1 YEAR (5) Months October 18, 1891 Female Colored WIDOWED [DIVORCED [геттоме 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) West Virginia Housewife Home U.S.A please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rev. William Morman Millie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (ifyes give war or detes of service) Mr. Luther E. Rhodes 7214 Linden Ave No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebro-vascular Mixexxx accident cremation, IMMEDIATE CAUSE (e) min. DUE TO Hypertension Conditions, if any, which' se veral gave rise to immediate cause DUE TO (e), stating the underlying Arteriosclerotic vascular disease years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Hem 18.) defached to f. of Health MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (i) (this hospital) attended the deceased from saw the deceased alive on 22a SIGNATURE DATE MED. STAFF SIGNED FUNERAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, i NAME (TYPE Richard Rigler. Overlea Ave. Balto M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 5-43 REMOVAL (Specify) Mount Auburn Cemetery Oct 14. 1967 Baltimore. Maryland Burial 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR AIS (4) C Herbert E. Nutter 3035 W. North Ave

MARYLAND STATE DEPARTMENT OF HEALTH



PLACE OF DEATH a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

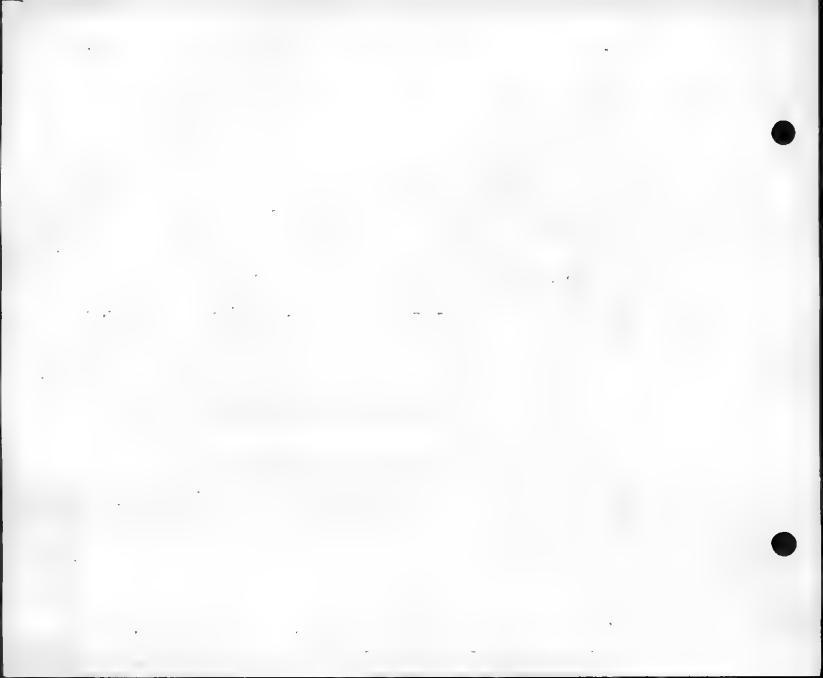
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13598

2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission)

FOR STATE HEALTH DEPT: 2, and 3 ta PM3 Page any defay is nemssary, plemse execute the certificate, writing the ward "pending" in pincil in Item 18. Give Pages 1, 3 the funeral director. Page II should be forwarded to the Chief Medical Ixaminer's Office along with form This certificate should be executed within 24 hours after death alang 5 may be retained for your files. TO DEFUTY

8 2	Baltimore 21204 MARYLAND	harvl and
5 5	b CITY OR TOWN (If outside corporate firmits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If autside carparate limits, write RURA), and give nearest tawn)
M T	Towson	Baltimore 21212
bda bda	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS & IS RESIDENCE
th farm PN State Depart	St. Joseph Hospital	504 Castle Drive ON A FARM? YES NO C
Star of S	3 NAME OF First Middle	Lost 4 DATE Month Day Year
4	OECEASED (Type or print) Ethel Isabelle	Ricker DEATH October 7 1967
e ding		DATE OF RIGHT 9 AGE on years FUNDER 1 YEAR IF UNDER 24 MRS
A 0 4 -	Female White WIDOWED DIVORCED	Oct.12,1887 Past b rihday) Months Doys Haurs Man
er's Office of sea land?	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT
rs l	Clerk Drug Dept.	Baltimore, Maryland U.S. A.
oge iner	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Chas. Ricker	Agnes Galloaway
72 E		FORMANT Address
Chief Medical Examiner's Office	(Yes, no, or unknown) (If yes give war ar dotes of service) 216-28-9748A M	r. Geo. Cristie-504 Castle Dr.21212
penaing of Medic sit perm it withic	IB. CAUSE OF DEATH (Enter only one couse per life for (a) (b) and (c))	NTERVAL BETWEEN
pe ansi	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Full Mance	4 CCIMICE VIOLEGE
	124 DUE TO 1	
burial-transit	Conditions, if any, which gave) (b) 1000000000000000000000000000000000000	manhager + tracture - 1 /aus
in o	rise to immediate cause (a) Sloting the underlying cause	1-A 1 x-10 11
as o	lost (c) C Ggt of the	To leave the
tore, wring the be farvarded to be used as a bu remayal, and in a	B PART I OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH OUT KOT KELMED TO	TE TERMINAL DISEASE CONDITION G VEN IN PART 100 19 WAS AUTOPSY PERFORMED?
be for land	ž	YES NO [2]
auld bi es. hauld I	E 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.URY OCCURRED (PR MARY € or CONTRIBUTING €	Enter nature at injury in Part I ar Port II of item IB)
shau		y Aulomonie
re me ce ge sha yaur files age 3 sh ematian,	Plant of the state	OF NJUKY (name form 201 (CTy or town) (County) (State)
ge III	pm 19 c of work at work	TYPE-1 R. OUTDNOTE-CILY INC.
Pa Pa	21 I certify that I taok charge of the remains described above bet	d an Autapsy 🔲 , Inspection 🖳 Inquiry 🔲 , and in my opinion
tar. tar.	death resulted fram Natural courses , Accident , Suici	de 🔲, Hamicide 🔲, Undetermined manner 🗌
in the factor of	ACTUAL (1) / FTT)	CHIEF MEDICAL EXAMINER
be rel d RAL D prior	SIGNAPURE //MULS/ULCUMENT	M.D. ASSISTANT MEDICAL EXAMINER
ne funera may be FUNERAL Palth pric	EXAMMER'S Charles F. O'Donnell, M.D	DEPUTY MED CA. EXAMINER
明治 寛子寺 へ	230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR	
1 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMOVAL (Specify)	()
	Burial 10/10/67 Prospect Hill	Cem 250 REC D BY REGIT KAR STORM STO
VR A15ME (5)	Mitchell-Wiedefeld Home-6500 York Rd-212	



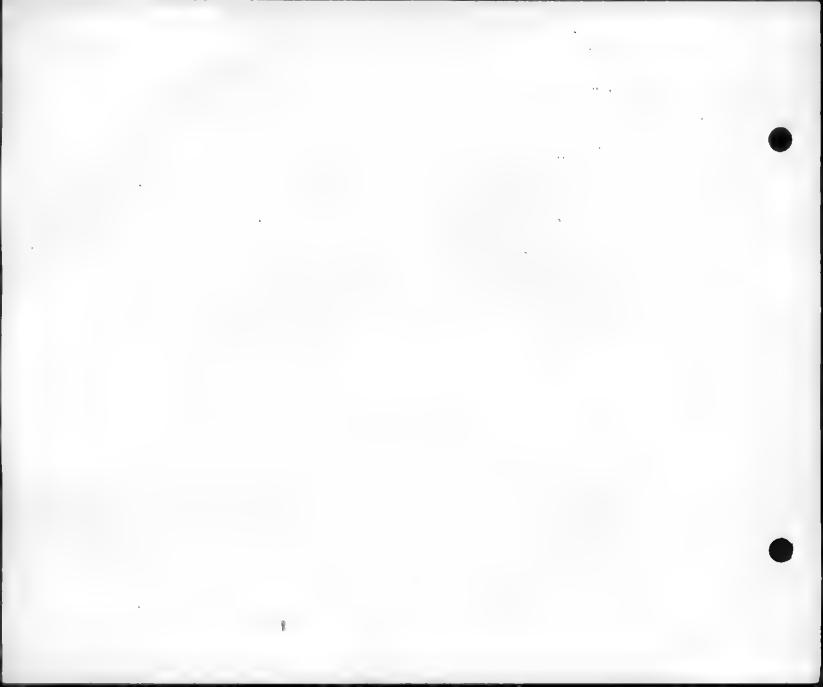
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove cardo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, where the state dept.

Page 4 may be retained by the haspitar or ottending physician.

VR A15 (4) 25M 1/67

		LECUSO CERTIF	FICATE	OF DEATH		13599
		LACE OF DEATH		2 USUAL RESIDENCE (W		Ltion Residence before admission)
			YLAND	o. STATE Mar	yland 6. COU	Bellineone
1	ь	CLENGTH OF STAY write RURAL and give nearest town)		I to a set of	Iside corporate limits, write RL	URAL and give nearest town)
		Mt. Wilson 1 48 au	45	Ballin	ingre	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	0	d. STREET ADDRESS) 110.	e IS RES DENCE ON A FARM?
1	_	Mt. Wilson State Hospital		4932/1	ark Klig	WC ALL YES NO 12
	C	IAME OF IECEASED ROLL First Middle IECEASED Roll Roll Roll Roll Roll Roll Roll Rol	Rob	MASOM	4 DATE Mon	0 12 1967
	5. 5		D	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
		WIDOWED DIVDRCE		2.28.189	12 75 birthdoy) yrs.	Months Doys Hours Min.
	10e durar	USUAL OCCUPATION (Give kind of work done IOB KIND OF BUSINESS OR INDUSTRY WEST CETTLE Facility access		11 BIRTHPLACE (County &	State, or foreign country)	12 CHIZEN OF WHAT COUNTRY? () SA
		FATHER S NAME		14. MDTHER'S MAIDEN N	IAME	7 7 / 1
	A	larlin Robinson		Emm	E	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. 17 SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 19 SOCIAL SECURITY NO. 19 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 11 SOCIAL SECURITY NO. 12 SOCIAL SECURITY NO. 13 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. 17 SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 19 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 10 SOCIAL SECURITY NO. 11 SOCIAL SECURITY NO. 12 SOCIAL SECURITY NO. 13 SOCIAL SECURITY NO. 14 SOCIAL SECURITY NO. 15 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. 17 SOCIAL SECURITY NO. 18 SOCIAL SEC	lin.	ords, Mt.	Wilson Sta	ate Hospital
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	,			INTERVAL BETWEEN
	ı	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Fan achran	ONSET AND DEATH			
		CL XI DUE-TO-		1		,
		Conditions, if ony, which gove		tu	berulogis	+ 49ar
		rise to immediate couse (a), stating the underlying couse DUE TO				
ı		(c)				
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO T	HE FERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19 WAS ALTOPSY PERFORMED?
3 4	A 10	AMeriosellastic becent di	rem	R,		YES NO
	=	20a ACCIDENT WAS UNDERLY NG DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	X.CURRED {	Enter nature of injury in F	Port I or Port II of Item 18.)	
		**Oc TIME DF INJURY Month, Doy, Year 20d INJURY DCCURRED		E OF INJURY (Home, form		(County) (State)
1	MF.	Hour o m. 19 White Not White of work	10010	ory, street, office bldg , etc)		
		21. I certify that (1) (this hospital) attended the deceased	fram_2			, 19 <u>6</u> /, that (1) (we) las
		saw the deceased alive an 10.12 1967.	and that	death accurred of	2_46M, fram causes	
		220 SIGNATURE UMENTURE	M.D	PHYS L	MED 4.64 STAFF DIRECTOR PHYS. C	226 DATE SIGNED 10, 12, 1907
		NAME (Type Wm. Newcomer, M.D., Su	pt.	Mt. Wils	son, Maryla	nd /
	230.	BUR AL, CREMATION, 723b DATE THEREOF 23c NAME OF CENTRADOVAL (Specify).	ETERY OR	REMATORY A	23d JOCATION (City or To	own) {(ounty) (State)
2		KEMOTES VES 11.176 X 4 V 34	4.16	Malonefor		IMERE Mdr.
7	24	FUNERAL DIRECTOR	~	250 REC'D	BY REGISTRAR 256 R	REGISTRAR'S SIGNATURE
	90	rank II. Ollwell Ville	246	DAFOT	1 9 1007 07	Leaven Verges

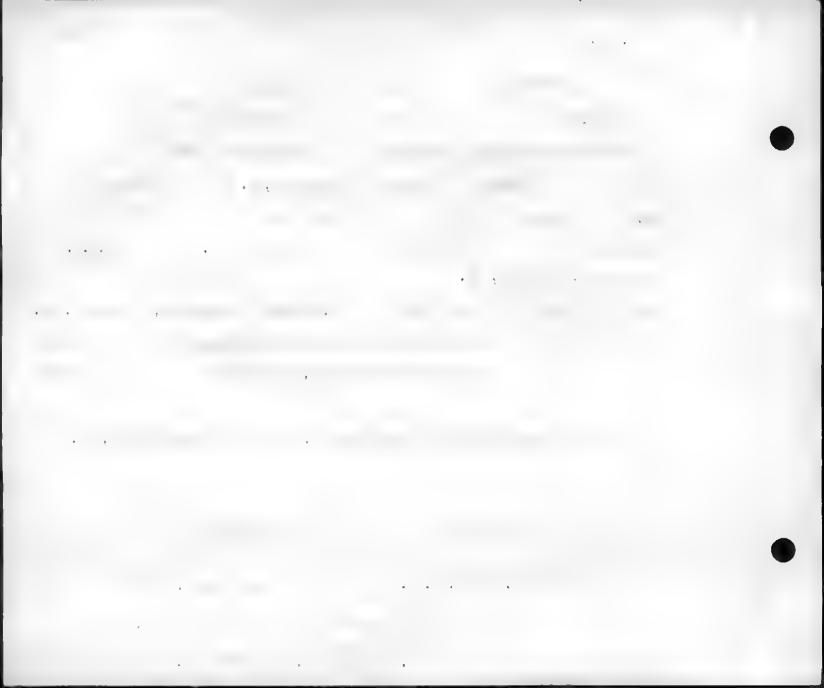


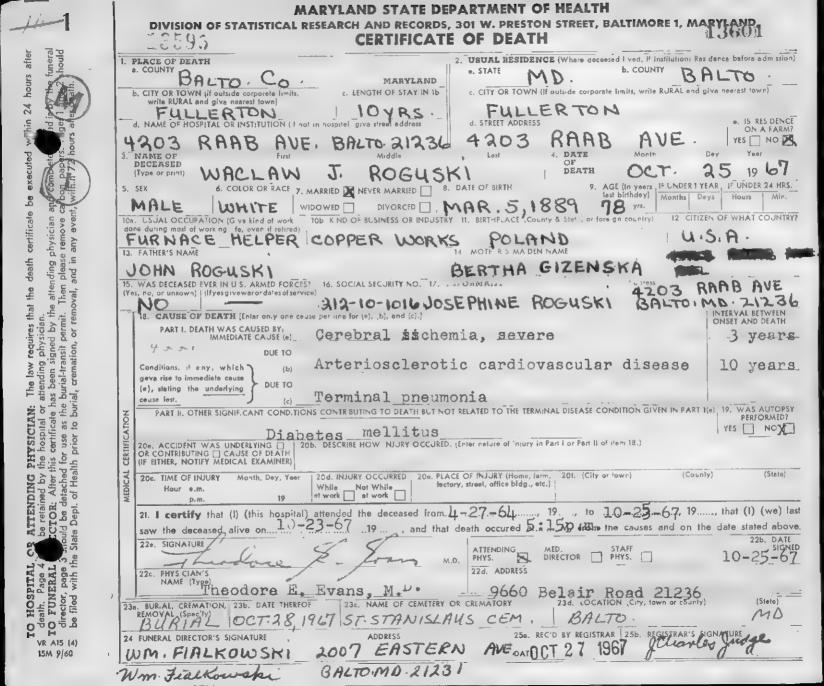
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1				CERTIF	ILAIE	OF DEATH		
Ä		PLACE OF DEATH				2 USUAL RESIDENCE (Whe	re deceased lived, if institution. Res	idence before odmission)
	0	o. COUNTY	BALTIMORE	MAR'	LAND	o. STATE MARYLA	b. COUNTY	
Ì	Ь	. CITY OR TOWN (I	outside corporate limits,	c LENGTH OF STAY	N Ib		e corporate limits, write RURAL and	give neorest town)
		FORT HOW	alve negrest town)	230 DAYS		BALTI	MORE	rd
Ì		NAME OF HOSPITA	AL OR INSTITUTION (If not in	n hospital, give street address)		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
d d		VETERAN	IS ADMINISTRA	ATION HOSPITAL		312 ALBEMA	RIFE STREET	YES NO.
Ī		NAME OF	First	Middle		Lost 4	DATE Month	Doy Year
	(PECEASED Type or print)	ROBI	ERT JEROME		ROCHFORT, JR.		
	5 5	EX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE) B.	DATE OF BIRTH	9. AGE (In years IF UNI lost birthday) Month	DER I YEAR IF UNDER 24 HRS
ı		MALE	1144-4-4-4	WIDOWED DIVORCE		April 26, 19	17 50 YIS	
		USUAL OCCUPATION ng mast of warking I	(Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & St	ote, or foreign country) 12	COUNTRY 2
	SI	IP FITTE	R	SHIPYARD		BALTIMORE		COUNTRY?
	13	FATHER'S NAME	* DAGITEARM	an.		14 MOTHER'S MAIDEN NAM		
			J. ROCHFORT,				ELAIDE SELLA	
1	15 {Ye:	was deceased evel s, no, of unknown)	RINUS ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURITY NO.		FORMANT	Address	
	_				UCTT	N.RECORDS, V.	A HOSPITAL, FT H	
	-	1B. CAUSE OF DE PART 1. DEAT	II MAR CALICED DV	per line for (o), (b), and (c).)			1200000000	INTERVAL BETWEEN OASET AND DEATH RECONT
1		(0)						
	Conditions, if any, which gove) (b) BRONCHOGENIC CARCINOMA, RIGHT LUNG UN						UNKNOWN	
		rise to immediate couse (a),		proportional resident conditional residence			MG	UNITALOWA
		lost.	lying couse (c)					
	ŀ		1 7	TRIBUTING TO DEATH BUT NOT REL	ATED TO TH	TE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	9 WAS AUTOPSY
	MEDICAL CERTIFICATION						SCLEROSIS, MARKE	PERFORMED?
		20o ACCIDENT WAS	UNDERLYING □	20b. DESCRIBE HOW INJURY O				D) Charles
1	8	OR CONTRIBUTING I	CAUSE OF DEATH MEDICAL EXAMINER					
	3		RY Month, Doy, Year	20d INJURY OCCURRED		OF INJURY (Home, farm,	20f (City or town)	(Stote) (Stote)
	¥	новго п	10	While Not While at wark of work	tocta	ry, street, office bldg , etc.)		
	ľ	21 certif	y that (序(this hospite	ol), ottended the deceased	from_3	/2/67 , 19	10 10/18/67	9, thot 4() (we) lost
		saw the de	ceased alive on 10	0/18/67_19	and that	deoth occurred of 10	55FM from couses and or	
		220 SIGNATURE	Leder) 6	uvan_		ATTENDING ME	O CTAGE	DATE SIGNED
		22c. PHYSICIAN S	6.00		M.D	PHYS DER 22d, ADDRESS	ECTOR PHYS. DE	10/20/67
		NAME (Type)	PETER V.	JUVAN, M. D.			HOWARD, MARYLAI	ND OF
-	230	BURIAL, CREMATIO	N. 23b DATE THEREC	QF 23c NAME OF CEM	ETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify)		1 - 1			BALTIMORE, M	' '' '
	24	FUNERAL DIRECTO	R _ ' ()			250 RECD BY	REGISTRAR 25b. REGISTRAR	S SIGNATURE
		Llande	n. Za	I CHIMINITIO I	OMERC	T HOME O C	1 6 4 195/ 100	carla Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove cofbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 7, hours after peath





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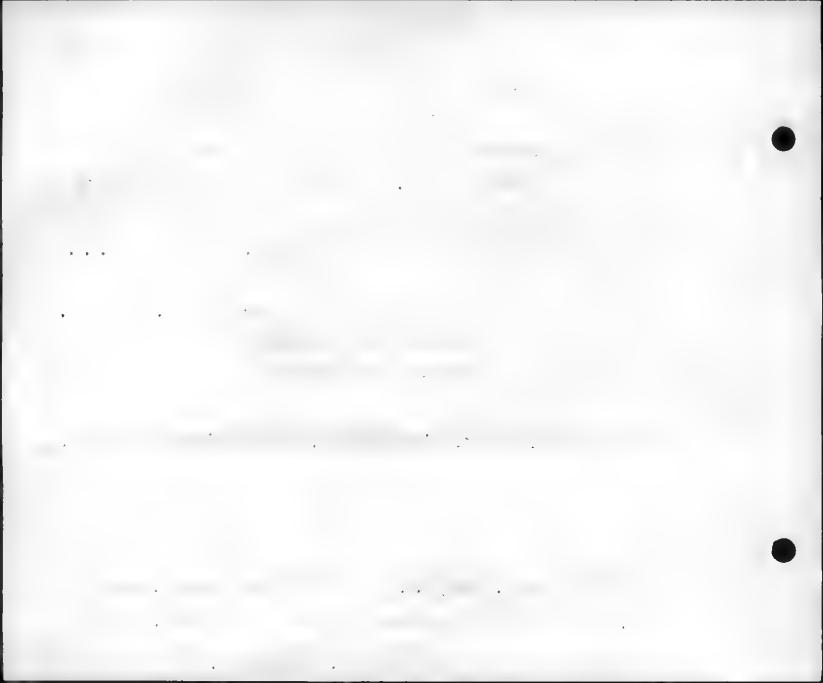
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

after deat the funeral

		1523	5		CERTIFICA	\IE	OF DEATH			1.3	502	
		PLACE OF DEATH a. COUNTY	BALTIMOR	E	MARYLAND	,	2. USUAL RESIDENCE (V o. STATE MARY	Where deceased in	ved, f institution b COUNTY		fore admi:	ssion)
	write PIIPAL and give pagget town			t length of stay in 16 16 DAYS		c. CITY OR TOWN (If our BAILT	ts de corporate lu IMORE	nits, write RURAL	ond give nee			
	- (d NAME OF HOSPITA	AL OR INSTITUTION (IF I	at in haspital, i	give street address)		d STREET ADDRESS					ESIDENCE A FARM?
f		VETERANS ADMINISTRATION HOSPITAL				1615 PARK	AVENUE				NO X	
	[NAME OF DECEASED (Type or print)		ors! ORGE	Middle E.	R	CSENBROCK	4. DATE OF DEATH	Month	R 1	15	Year 9 67
	\$:		6. COLOR OR RACE	7 MARRIED	NEVER MARRIED] B	. DATE OF BIRTH			IF JNDER YEA Months Do		DER 24 HRS
		MAIE	WHITE	WIDOWED	DIVORCED []	7/1/90	7	Yrs			
			(Give kind of work done life, even if retired) TATTENDAN		IND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (County		• • • • • • • • • • • • • • • • • • • •	12 CITIZEN COUNTS	RY?	
			T ATTENDAN	T			BALTIMORE		IND	U.S.	A	
	13.	FATHER'S NAME CHRTST	IAN ROSENE	ROCK			14. MOTHER'S MAIDEN I					
	15				SOCIAL SECURITY NO	17 II		2 1.1. <u>11. 11. 11. 1</u>	Address			
	(Ýe	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) WWI 16. SOCIAL SECURITY NO 17. INFORMANT Address 219 28 25 87 CITNICAL RECORDS, VAH, FT. HOWARD, MD.										
		PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSI	PIIT	(a), (b) and (c)) MONARY EDEMA	A	ND CONGESTI	on			RECH	
		Conditions, if any, rise to immediat	which gove) e cause (a),	(b) COF	ONARY ARTERY	T	HROMBOSIS				RECE	NT
		stating the under	riving cause	(c)				<u></u>				
1	CERTIFICA	PULMONAR ARTERTO 200 ACCIDENT WAS OR CONTR BUTING	12 TTTT & TAKE TAKE	Abol Value	TO DEATH BUT NOT RELATED OLD PULMON GENERALIZED SCRIBE HOW NJJRY OCCURI	CA TY	ur nakalografia (A.	OID				RMED?
^	MEDICAL	20c TIME OF INJU Hour o.n p.r	10	White	Not While		F OF INJURY (Home, farm ary, street, affice bidg, etc.)		'y or town)	(County)		(Stote)
			fy that (this ho	spital) atten	ded the deceased fran 5/67 19, and		9/29/67 , 1 death occurred at	9 8:45AM fr	10/15/67 om causes ar	, nd on the d	that (*) dote stat	(we) la: ted obov
		220 SIGNATURE	Jeke J	/2	wa	МD		MED DIRECTOR	STAFF PHYS	22b DATE S	GNED 0/16/	67
-		22c. PHYSICIAN'S NAME (Type)	PENER	V. JUVA	M, M.D.		22d ADDRESS VAH FO	RT HOWAI	RD, MARY	IAND		
	230	BURIAL, CREMATIC			23c NAME OF CEMETERY	OR (REMATORY		ON (City or Town	,	unity)	(Stote)
		BURLAL Specify		18/67	BALTIMORE	NA			MORE, MA			
	24	FUNERAL DIRECTO	R		ADDRESS	RIR A	ZSO. REC'I	D BY REG STRAR	25b REGI	STRAR'S SIGNA	Card.	al.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f directar, page 3 should be detached for use as the bural-transit permit. Then please remove carban papers: «Pages shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within \$2 hours often Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



		CEKTIFICATE	OF DEATH	1.3690.3		
IV		PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed aved, if institution I a STATE Md. b. COUNTY	Residence befare admission) Balto.		
		b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 Purite RURAL and give nearest tawn)	c. CITY OR TOWN (If outside carparate lim ts, write RURAL and give nearest town) Pikesville			
1-0		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 309 (hurch Lane	d STREET ADDRESS 309 Church Lane	e IS RES DENCE ON A FARM? YES NO A		
		NAME OF DECEASED (Type or pnnt) Reginald Middle	Rosevear Jr. OF October	2 4, 1967		
	Ι.	SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 DIVORCED 1	Sept. 1, 1904 63 birthday) Mo	JNDER 1 YEAR FUNDER 24 HRS In this Doys Hours Min		
	dur 10c	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY Salesman for Westinghouse (0.	11. BIRTHPLACE (County & State, or foreign country) (hicago JUL.	12 CITIZEN OF WHAT		
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		Reginald Rosevear Sr.	Jane E. Ireland			
	15		INFORMANT Address			
	(Y		s. Anne M. Rosevear Pikesv	ville, Md.		
		18 CAUSE OF DEATH (Enter only one couse per line for (h), (b), and (c)) PART 1. DEATH WAS CAUSED BY.	ander Inferchion	INTERVAL BETWEEN ONSET AND DEATH		
		Millie Chart Chart (a)	content procedure	10 winner		
		Canditions, if any, which gave) DUE TO Conditions, if any, which gave)	a Cerron Casular Co	en Sycatra		
		rise to immediate cause (o).				
		stating the underlying cause last.				
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
		20d ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18)			
	MED CAL		CE OF INJURY (Hame, form, 20f (Crty or town) tary, street, affice bldg., etc.)	(Caunty) (State)		
		21. I certify that (I) (this hospital) attended the deceased fram_(, 19.4.7, that (I) (we) last		
			t death accurred at 130 AM, fram causes and	an the date stated above.		
		220 SIGNATURE Serdann MI	ATTENDING MED STAFF 1	226 DATE S GNED 10 - 4 - 67		
1		PHYSICIANS NAME (Type) Benjamin Berdann, M.D.	615 Hammonds Lane, Baltim	ore, Maryland		
	230	BURIAL (REMATION, DATE THEREOF 23c NAME OF CEMETERY OR Arlington Ce		Penna. (State)		
	24	i funeral director ADDRESS ipton-Cline Funeral Home Hampstead, Md	250.0CC BY REGISTRAP 67 25b ASSET	RAR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely. After this funes a directar, page 3 showd be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	
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- 31	. 10 std. 7
-	C () () . b

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If any delay is and necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 100.	4	TAT	Ε
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1		jan.	

11	LEDICHE EXAMINETER 5	CERTITION TO DEAD		てののほう							
1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceos		esidence before odmissi	on)						
· COUNTY BALTIMON	MARYLAND MARYLAND	O. STATE MARRALE	and b COUNTY	Bello							
b CITY OR TOWN (If outside corporate imits,	C LENGTH OF STAY N 16	c. CITY OR TOWN (If pulside corporo	te limits, write RURAL on	d give neorest town)							
Trite RURAL and give perest tawn)	Unk	Ballo = R	ural								
d NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d STREET ADDRESS		e IS RESI							
8687 och Re	R 21234		ah Rd 7	/ 1.0 🗀	NO 📶						
NAME OF DECEASED (Type or print) Les Lev	Middle	OSIER DEATH	10-6	Doy Ye							
MALE White WIDO		B DATE OF BIRTH 28 NOV 23	AGE (In years IF U) Age (In years) A	NDER 1 YEAR IF UNDER ths Doys Hours	R 24 HRS Min						
100 USUA, OCCUPATION (Give kind of work done during most of work include, even if retired) **Machinist**	OB KIND OF BUS NESS OR INDUSTRY BOIL Mers.	11 BIRTHPLACE (State or foreign co	untry) l	COUNTRY?							
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME									
Thomas Rosier		Ida Myers									
15 WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address								
(Yes, no, or unknown) (If yes give wor or dotes of service)	234 30 1341	Harry Rosier	Elkins, W	. Va							
18 CAUSE OF DEATH (Enter only one couse per			-	INTERVAL BE	IWEEN						
PART I. DEATH WAS CAUSED BY	Ithero seles	colic Carbei o	Escular Als	Leave PUSES AND	DEATH						
4.201 IMMEDIATE CAUSE (o) C			A								
Conditions, if any, which gove) (b)	/ Probably fine	& mickenia Coron	on Geclus	cirs)							
nse to immediate cause (o), DUE TO	nse to immediate cause (o), (Diff TO										
lost. (c)											
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH	NG TO DEATH BUT NOT RELATED TO	THE TERM NA. D SEASE CONDITION GIVE	N IN PART I(o)	19 WAS AUTO PERFORM YES							
200 EXTERNAL CAUSE WAS 20	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port	II of item 18)	The best							
			,								
are or opening	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 2Df.	(City or Town)	(County)	(Stote)						
Hour om.	While Noi While of foc	lory, street, office bldg , etc.)									
21 I certify that I taok charge of the		eld an Autapsy , Inspection	on Inquiry	and in my	oninton						
death resulted from. Natural cause			ndetermined monne		υριποι						
The solid test to the solid te) . Accident [], 501	CHIEF MEDICAL EXAMINER		· L.)							
SIGNATURE TIME OF AND	10	M.D. ASSISTANT MEDICAL EXAMINE	R	22. DATE							
EXAMINER'S	0 11	DEPUTY MFDICAL EXAMINER		10-6-6	7						
NAME (Type)	C. Hyle	Address (Street city, fown,	or county 577 R	selvija							
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d LO	CATION (City or Town)	(County) (S	State)						
REMOVAL (Specify) 10-9-67	Mouse Ceme	tery, Elkins, W.									
24 FUNERAL DIRECTOR	ADDRESS	250 REC D BY REGISTR	AR 256 REGISTRA								
Wm.E. Johnson, 8521	Loch Roven Blvd	. 21204 DATE OCT 9	1967 gou	arles Judg	-						

VR A15ME (5) 6M 1/67



FOR STATE HEALTH DEPT

Department of 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Health priar to burial, cremation, ar removal, and in any event within 72 hours after death

O DEPUTY MEXICAL EXAMINER: This certificate stands to executed within 14 haurs after death 1f any delay is necessary, please execute the certificate, writing the ward "pending" in penci in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chef Medical Examiner's Office along with form PM3. Page

VR A15ME (57 6M 1/67

TO DEPUTY MESTCAL EXAMINER:

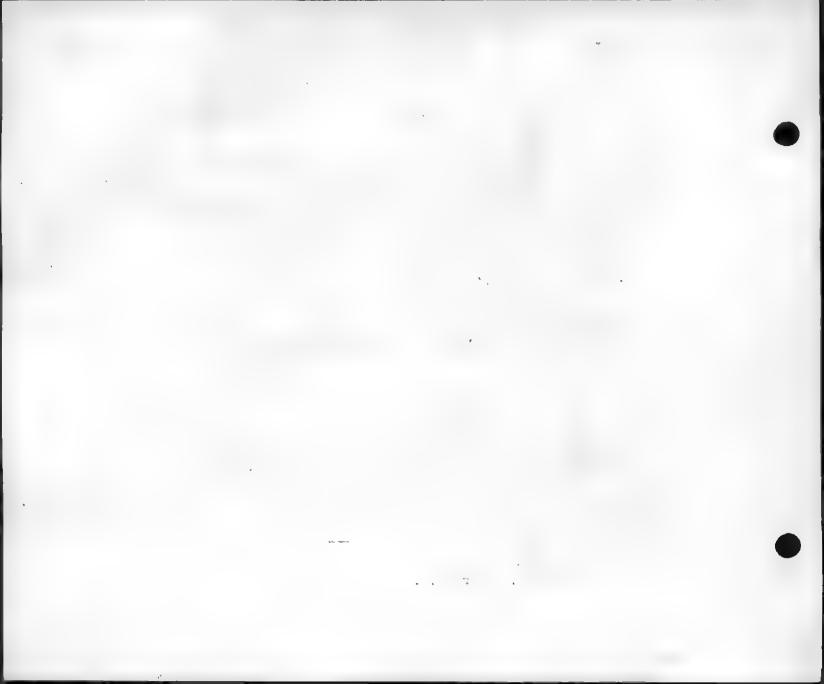
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS **BALTIMORE, MARYLAND 21201**

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13605

I P	LACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission)					
	Baltimore	MARYLAND	o. STATE 6 COUNTY , Maryland					
ь	CUT OR JOWN (if outside carparate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
	write RURAL and give nearest 16wg	1 4/2 tr	Baltimore County					
d	NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	8729 Satyr Hill Road		8729 Satyr Hill Road YES NO X					
	IAME OF First	Middle	Last	4 DATE Month	Doy Year			
	Type or print) ROBERT		ROZNOWSKI	DEATH October	23, 19 67			
\$ \$	- 10201 01()0112	RRIED A NEVER MARRIED	8 DATE OF BIRTH	2 (last bhanday) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.			
	Male White wa		De 1-1 -19	JU 34 31 42				
durir	USUAT OX OPATION (G ve I/ nd of work done ng mast of working life, eyen if retired)	106 KIND OF BUS NESS OF	11 BIRTHPLACE (State		NTRY 5 WHAT			
13	FATHER'S NAME / ROCK	ions Ri	14. MOTHER'S MAIDEN	NAME NISHT	NGALC			
	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, ar unknown) (If yes give wor ar dates at service	16. SOCIAL SECURITY NO 17	INEQRMANT .	RURHUNS KI	Same			
	18 CAUSE OF DEATH (Enter on y one couse per PART 1. DEATH WAS CAUSED BY IMMED ATE CAUSE (a)	line for (a), (b), and (c)) Carbon Monoxide 1	Poisoning		INTERVAL BETWEEN ONSET AND DEATH			
	DUE TO							
	Conditions, if any, which gave (b)							
	stating the underlying couse DUE TO							
	lost. (c)				I to make to to to			
ATIO	PART I OTHER SIGNIFICANT CONDITIONS CONTR B				19 WAS A TOPSY PERFORMED? YES NO			
RTIFI	200 EXTERNAL CAUSE WAS PRIMARY EX OF CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED						
	CAUSE OF DEATH.	Motor running						
MEDICAL	20c TIME OF INJURY Month, Day, Year UNK pm 10/23 19 67		CE OF INJURY (Hame, form orv. street, affice blda , etc.		County) (State)			
2	UNK pm 10/23 19 67		ory, street, office bldg , etc Garage	Bal	Ltimore, MD.			
	21. I certify that I taak charge of the		ld an Autapsy [,	Inspection X Inquiry	and in my apinian			
	death resulted fram: Natural caus	ies Accident , Suic	ide X, Ham cide					
	ACTUAL Illerie / S		CHIEF MEDICAL		22. DATE SIGNED			
	SIGNATURE Werner U. Sp.	tz. M.D.	WD WOODDING ON THE EVANGUER TO					
	EXAMINER'S Werner U. Spy NAME (Type)	ítz, M.D.		t, city, town, or county)	10/24/67			
230	BUDAL (REMATION, 23b DATE THEREOF	67 23C MAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town)	(County) (State)			
	FUNERAL DIRECTOR	ADDRESS	2So RECT	D BY REGISTRAR S				
L	HAS TEVANS	Jon	DATACT	26 1967 Ichan	les Judge			



2		4000	,		CERTI	FICATE	OF DEATH		-1360	6
	1. P	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if insta	tution: Residence before	odmission)
			Baltimore		MAF	RYLAND		vland.	, ,	
ſ	b		f outside corporate amit	\$,	c. LENGTH OF STAY	IN 16		utside corporate limits, write l	RURAL and give nearest	town)
			give neorest town) wings Mill	8	29½ yr	6.	Rel:	timore		
ŀ	d	NAME OF HOSPITA	AL OR INSTITUTION (IF no	ot in hospitol, gi	ve street oddress)		d. STREET ADDRESS	LINUT &	T e	IS RESIDENCE ON A FARM?
ı		F	Rosewood St	ate Hos	pital		919	Homestead St	reet Y	
Ī		AME OF		rst	Middle		Lost	4. DATE Me	onth Doy	Year
	(ECEASED Type or print)	Euge	ne	Franci	.8	RUETER	OF DEATH	.0 10	19 67
-	s s	EX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 🔀 🛚	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	F JNDER 24 HRS
	N	ale	White	WIDOWED	DIVORC	ED 🔲	1-12-29	lost birthdoy) 38 yrs	Months Doys	Hours Min,
	100	USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR			8 State, or foreign country)	12 CITIZEN OF N	TAHV
ľ	T	g most of working Dependent	life, even if retired)	INL	USTRY n C	ne	Baltimo	re City, Md.9	COUNTRY?	I.S.A.
		FATHER'S NAME					14. MOTHER'S MAIDEN			
ı	E	Bernard F	Rueter				Marie A	nthony		
ľ	ĮŠ.	WAS DECEASED FYE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. 1	NFORMANT		dress	
ı		i, no, or unknown)	(If yes give wor or dotes	or service)	none	Ros	sewood Recor	rds, Owings M	illa. Marvl	and
F	Ī		EATH (Enter only one cou FH WAS CAUSED BY.	ise per ine for (14104	1 (1 4	INTER	VAL BETWEEN
ı		PART I DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	Chro	me Gloy	wer an	low No.	alrilei	180	T AND DEATH
ı	- [216X		(0)		^	1	1	< /	7
ı	- 1	Conditions, if ony,		(p) Ary	er teuren	ق ل	andiovas	5 Cular Jeac	ear 6	415
ı		rise to immediat		10	+	- 1	17	0-	1	1 3/
		lost.	}	(c) Con	gestiv	e X	eart to	reluce	(2)	rmind
1	z l	PART II OTHER SH	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(o)	19 V	VAS AUTOPSY ERFORMED?
	CATION CATION				/					NO [
	ERTIFIC	200. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b DES	CRIBE HOW INJURY	OCCURRED	(Enter noture of injury in	Part I or Part II of item 18)		
			MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year		IURY OCCURRED		CE OF INJURY (Home, for		(County)	(Stote)
	¥	p f	19	While of work	Not While of work	10(1)	ory, street, office bldg., etc	-)		
			fy that (I) (this has					19_ 37 , to 10/1	O, 1967 , tha	t (I)x (we) las
I			ecepted alive an_	16/19	19.67	and that	t death accurred at	5:50pM, from couse	s and an the date	stated above
		220 SIGNATURE	11	IXI		,	ATTENDING	MED. STAFF	22b DATES GNE	10
		14	chard &	LY	res /	M.E	рнус 🗆	DIRECTOR PHYS	1100	6/
		22c. PHYSIC ANS NAME (Type)	N	7 W	1	•	22d ADDRESS	a to	- II	
			~ CLEKEY	A B	- ABX-	>	Coseca	DOWN STUN	e mas f	/
	230.	BURIAL, CREMATIC	1		23c, NAME OF CER	AETERY OR	CREMATORY	23d LOCATION (City or	Town) (County)	(Stote)
1		REMOVAL (Specify Burial		1967	Gardens	of Fa	ith Cemeter	y Balto lid.		
	24.	JUNERAL DIRECTO Eugenia	R K. Seitz	5209 You	ADDRESS		250	PTY REGISTRANGE 256.	KLEIZTHAR Z PICHATOR	udge
		Seitz Fu	neral Home	R.11.	- NOAU		DATE	4	0	V



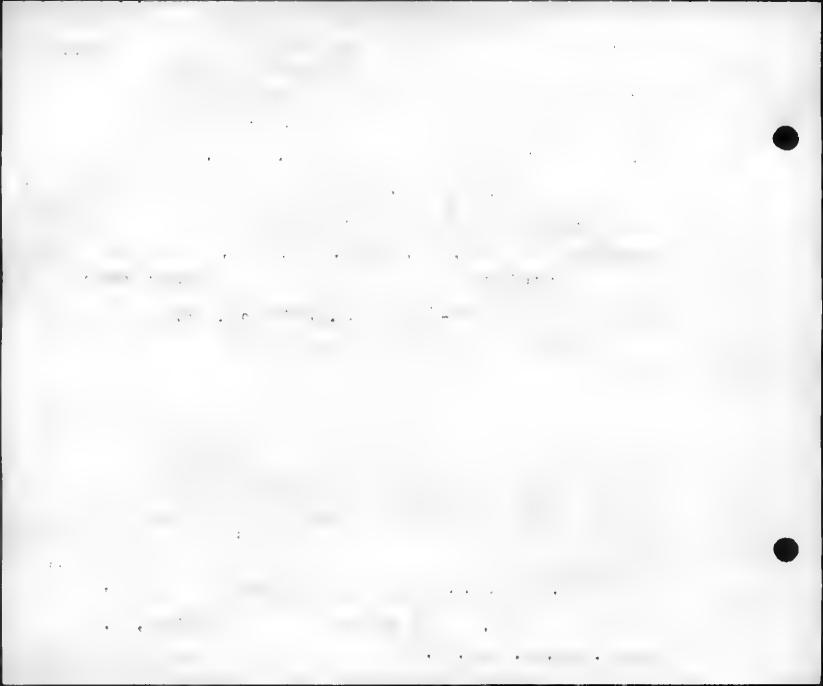
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		10801			CERTIFICA	TE OF D	EATH			1	3607
	0.	LACE OF DEATH COUNTY altimore			MARYLAND		RESIDENCE (V		lived, if institut b. COU		e before odmission)
r		CIY OR TOWN (I	autside corporate (imi	2	c, LENGTH OF STAY IN 16			tside corporote	imits, write RU	RAL and give	neorest town)
	T	ewsen.				Bal	ltimer	e		f	1
r	đ	NAME OF HOSPITA	L OR INSTITUTION (If a	et in hospital, g	ive street oddress)	d. STREET A	ADDRESS			-	e IS RESIDENCE ON A FARM?
L		St. Jese	ph Hospita	1		341	S. Dr	ew St.	#2122	4	YES NO X
Ī	3. N	AME OF		irst	Middle	Lost		4. DATE OF	Mon	th	Day Year
		ECEASED (ype or print)	Ha	TTY	J.	SCANDO		DEATH C	ctober		3 19 67
	5 5	EX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED 🔲	B. DATE OF B			GE (n yeors ost b #hdoy)	Months 1	Doys Hours Min
		ale	White	WIDOWED	DIVORCED	Januar	y 27,	1918	49 yrs	1 10 410	1750 25 11511
			(Give kind of work done ife, even if retired)		ND OF BUSINESS OR Dustry	31 BIRTHP	LACE (County	& State or foreig	n country)	(00	IZEN OF WHAT
ŀ		Galvani		Gen	Elec. Insul	at New	York C	ity. Ne	w York		USA
l	IV.	FRITTER 3 HARRE	Santo 1	Vasta.		14. #101111	K 3 MAIDEN 1		ngelina	Scan	dora
ŀ			RINUS ARMED FORCES		OCIAL SECURITY NO 1	INFORMANT			Addr	ess	
I		, no, or unknown) (e8	(If yes give wor or dotes	of service) 21	8-03-9687 N	rs. Ant	oinet	e R. S	candore		(Sama)
		PART I. DEAT	DU	(o) <u>CARD</u>	TO RESPIRATO		PSE				INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave note immediate cause (a), stating the underlying cause lest. (b) METABOLIC DISTURBANCE DUE TO (c) CARCINOMA OF THE LUNG AND LIVER									
		PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	O THE TERMINAL	, DISEASE COM	IDITION GIVEN 1	N PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	D (Enter noture	of injury in	Port I or Port II	of item 1B.)		
	MEDICAL	Hour o.n	1. 19	While at work	Not While of work	PLACE OF INJURY foctory, street, off	ice bldg., etc.)		City or town)	<u> </u>	unty) (Stote)
1	ı	21. I certi	y that (I) (this ho	spital) attend	led the deceased fram	August	12 , 1	9 67 , ta	oteber	3, 196	27, that (I) (we) las
			ceased alive an	cteber	3_19 <u>67</u> , and	hat death ac	curred at	3:00AM	ram causes	and an ti	ne date stated abave
		220. SIGNATURE	Oliv	91		M.D PHYS		MED. DIRECTOR	STAFF D		ate signed ober 3, 1967
		22c PHYSICIAN'S NAME (Type)	B. Oliv	es, M.D	•	762	DDRESS 20 Yor	k Road	T	owson,	Maryland
-	230.	BURIAL, CREMATIC	N, 23b. DATE TO	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCA	MON (City or To	own)	(County) (Stote)
1		REMOVAL (Specify	10/6	/67.	Holy Redeen	ner			ltimore		
		FUNERAL DIRECTO		D. 24 -	ADDRESS			BY REGISTRAR		EGISTRAR'S S	
	Le	onard J.	Huck, Inc.	Ratto.	Md. 21214		DATE (1	T 3	1967	Lucian	les Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



VR A15 (4) 15M 7:61

23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE

a. IS RESIDENCE ON A FARM? YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

Sudden

PERFORMED? NO [

(Stete)

22b. DATE

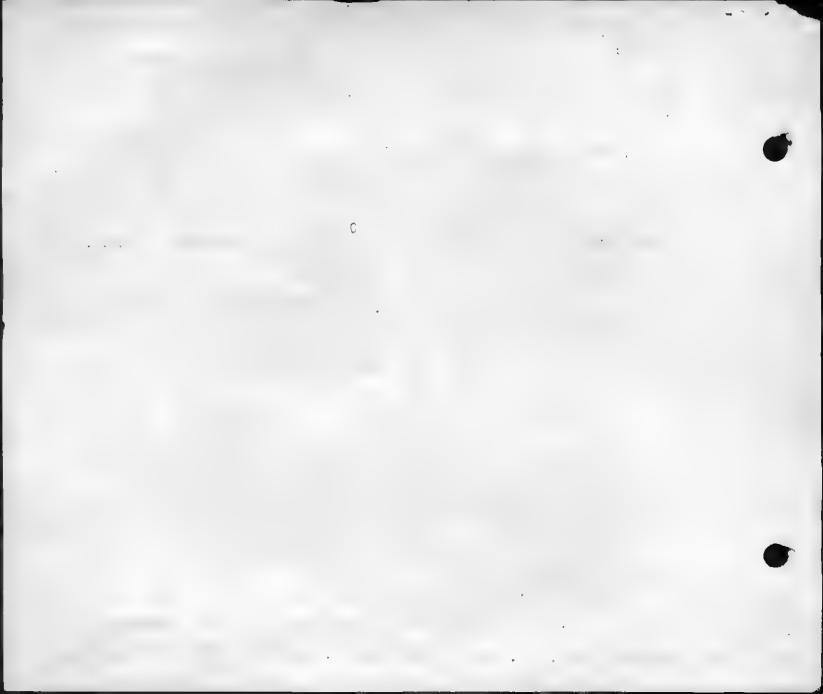
1 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

Months

IF JNDER 24 HRS.



Baltimore, Md. 21202

MARYLAND STATE DEPARTMENT OF HEALTH

With B executed death certificate be requires that the PHYSICIAN: The

VR AI5 (4)

2DM 1/65 Wm. Cook-Brooks Inc.

b. COUNTY Baltimore c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE Fraley Way ON A FARM? ND 3 Month Year 10/17 67 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address 1101 Tower building INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO F (State) (County) 19.6 /. that (I) (we) last 22b. DATE SIGNED (State) LOCATION (City, town or county) Baltimore, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

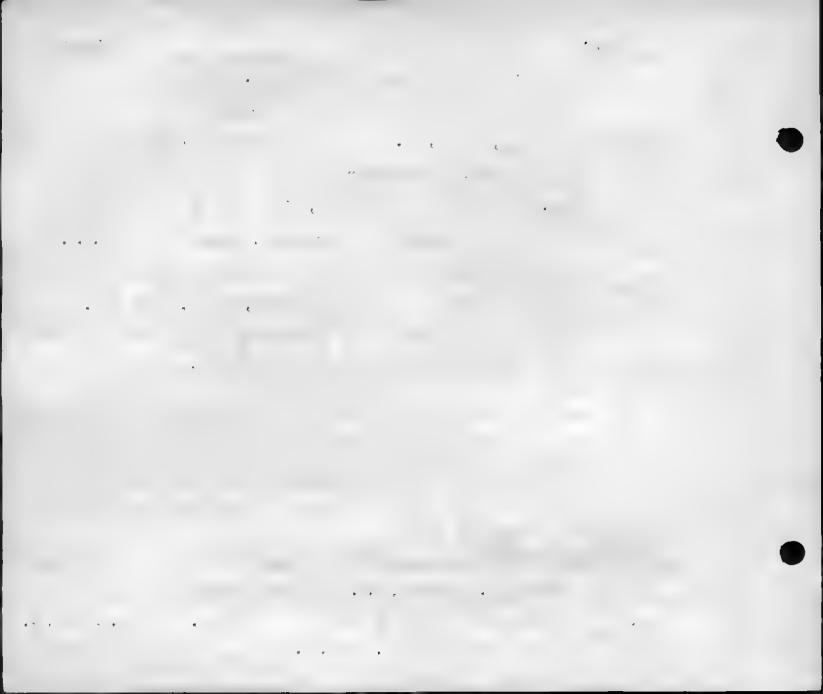


VR AIS I4 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

L_ 73544·	CERTIFICAT	E OF DEATH		13610
1. PLACE OF DEATH	11	2. USUAL RESIDENCE	(Where deceased lived, If Inst	litution: Res dence before admission)
e. COUNTY Baltimore		a. STATE Md.	F COUNTY	1
	MARYLAND			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	_	ulside corporate limits, write RI	UKAL and give hearest town)
	9 years	Tor	vson	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
1001 West Joppa Road, To			ol West Joppa	Road YES NO
3. NAME OF First DECEASED	Middla		DATE Month	Day Year
(Type or print) Sister Mary Augu	ustine Schneider		DEATH OCT.	9 1967
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers IF	UNDER TYEAR IF UNDER 24 HRS.
Female Cau, WIDOW		lay 6, 1879	88 yrs.	lonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. I	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Convent	Heuchelheim.	Germany	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Henry Schr	neider	Ca+1	merine Kroeck	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		FORMANT	Address Address	_
(Yes, no, or unkown) (If yes give wer or dates of service)				D 1
No		went Records,	TOOT M. Jobb	a Road.
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (o)[.]	11/	1	ONSET AND/DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Repual	1 Donn	rules	Suddans :
DUE TO		/	D	
Conditions, if any, which	110MDQC1	em 5156	anosolar	d low-
gave rise to immediate cause	1-1100		- Jelang	-
(a), slating the underlying DUE TO				
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS COI	NITRIDITING TO BE LITTLE AUT NOT	DELATED TO THE TENUDING	BISTACE CONDITION CHURN	IN CAST 46: 40 WAS ALTOOSY
PART II. OTHER SIGNIFICANT CONDITIONS COL	NIEBOING TO DEATH BUT NOT	KELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	PERFORMED?
5				YES NO
206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I or Part II of Item 18.)	
0		E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County) (Stete)
Hour e.m. While all wo		y, sneet, office bidg., etc.)	,	
21. I certify that (I) (this hospital) atter	,	1/17 10	57 to 19 19	15 7, that (I) (we) last
saw the deceased alive on.				on the date stated above.
22a SUSDIATURE	19 La., and that d	earn occurred at	Mr. HOW THE COUSES BITC	226. DATE
10h odlo +100	1. 10	ATTENDING MED		SIGNED
22c. PHYSICIAN'S	Jonne	PHYS. DIRE	ETOR PHYS.	/ 44/1.7-
NAME (Type)	010 22 24 7			, , ,
	O'Donnell, M.D.		ork Road	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (Cily, town	
Burial 10/12/1967	Convent Cemet	ery	1001 W. Joppa	Rd. Towson, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D.	BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
6 Vernon Lemmon 4611 Park	Heights Av. Ba	Ito.M. DATE	13 1961	comes fuete



		_500	3			CERTIF	ICATI	OF DEA	TH			13	611	L	
		PLACE OF DEATH a. COUNTY BA	LTIMORE			MAR	YLAND	a. STATE	ENCE (V		sed lived, if inst b. (i	OUNTY /	nce befor	,	an)
		b CITY OR TOWN (I write RURAL and CAT	outside corporate limit onse nearest town) onsville	ts,	С,	LENGTH OF STAY	IN 1b			tside compan	ate limits, write	RURAL and gr	ve neores	(nwot to	
Un.			L OR INSTITUT ON (II n NURSING H		**	treet address) LING RD	•	d STREET ADDR	RESS	r Dri				e IS RES ON A F YES K	ARM2
		NAME OF DECEASED (Type or print)		irst IARY	E.	Middle SCHNEID	ER	Lost		4 DATE OF DEATH	OCT	anth 13	Day,		67
	S. :	FEMALE	6. COLOR OR RACE WHITE	7. MARR WIDOV	VED X	NEVER MARRIE DIVORCE		8. DATE OF BIRTH		9). AGE (In years last birthday) 75 yrs	Months	Days	IF UNDE	R 24 HRS. Min
	10a duri	tisual occupation ing most of warking I		10	b. KIND O INDUSTI	F BUSINESS OR RY		11 BIRTHPLACE Mary				12 (ITIZEN OF OUNTRY?		
	13.	FATHER'S NAME						14. MOTHER'S A	AAIDEN N	IAME				UDA	
	1c		ler R. Wri		14 COCIA	L SECURITY NO	1 17	INFORMANT	Mary	Warf		idress			
	(Ye	is, no, ar unknawn) No	(If yes give war ar dates	af service)		one		rs. Lilli	ian	Leidn			Driv	e 21	043
		18. CAUSE OF DE PART I DEAT	ATH (Enter only one co H WAS CAUSED BY IMMEDIATE CAUSE		e far (a), ((b), and (c).) Claute	m	jocarde	il	faile	vs -	48/m	ON	ERVAL BEI SET AND I	
		Conditions, if ony,	couse (a).	(b)	Jene	ralized	1. F2	tourla	nul	a tal	tic Cara	ama			
		stating the under		(c)	Gleg	Der cen	dete.	Turned	1				2	•	
7	ATION	PART 11. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTI	NG TOUBE	ATH BUT NOT RE	ATED TO	THE TERMINAL DISE	des con	DITION GIVI	EN IN PART 1(a)			WAS AUT PERFORM ES	OPSY NO
	L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	201	b. DESCRIB	E HOW INJURY O	CCURRED.	(Enter nature of a	njury in 8	Part I or Pai	t (Cafitem 18)				
	MEDICAL	20c TIME OF INJU Haur aut per	10	V	od INJURY Vhile wark	OCCURRED Not While of work		CE OF INJURY (Har tary, street, allice bl			(City or town)) (C	aunty)		(State)
		saw the de	y that (I) (this hei ceased alive an_		tended /2_	the deceased 19 <i>&Z</i> ,	from_ and the	death accurr	ed at	967. t	o Jedi- N, fram cause	/3 , 19 es and an i	27, th	iat (I) (e stated	wo) la dabov
		220 SIGNATURE	D.C. Space	Lau	. gh	Qui	M.	1 1112	100	MED DIRECTOR	STAFF PHYS.		DATE S.GN	ED 3/67	7
1		22c PHYSIC AN S NAME (Type)	D. C. 1	MacLa	ugh1:	in		22d ADDRE Shady		ok Nu	csing H	ome, Ca	aton	s. Mo	d.
8		BURIAL, CREMATIO REMOVAL (Specify)	10/10	6/67			Park	Cemetery		Ba	CATION (City or ltimor e		(County) (9 Mar y	lanc
1	24	i. FUNERAL DIRECTOR Howard	H. Hubbard	, 410)7 Wi	1kens A	ve.	/ / / / 9		BY REGISTI		REGISTRAR'S		and a	43

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the research director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban pages. Pages 4-ond 2 should be filled with the State Dept. of Health priar to burial, or matian, or remayal, and in any event, within 72 hours after death Page 4 may be retained by the hospital ar attending physician VR A15 (4) 25M 1/67

24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

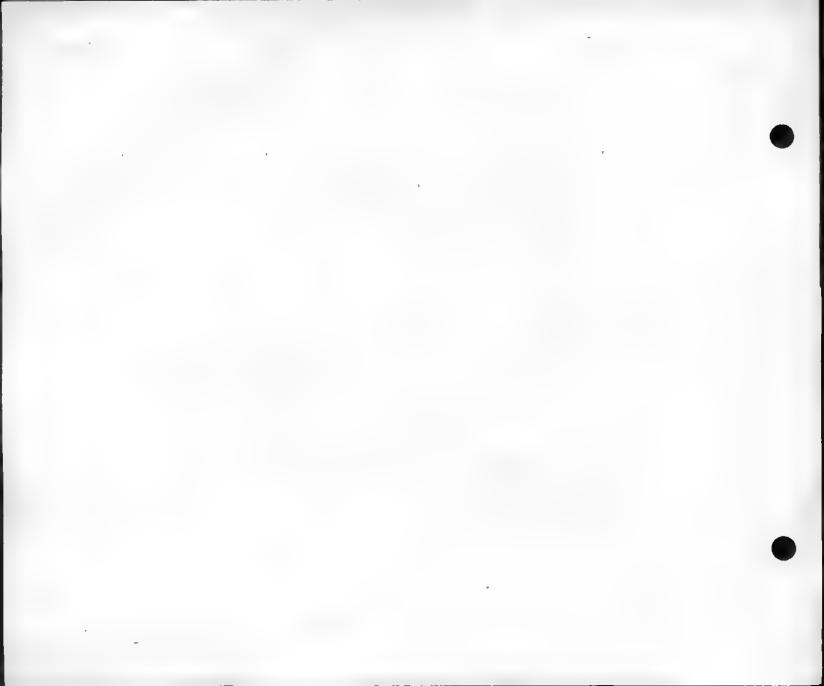
13605

CERTIFICATE OF DEATH

13612

-000	V		CENTIFICAT	E OF DEATH		WI OFF
PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if institut	
o. COUNTI	Baltimore (e	ounty -	MARYLAND	o. STATE Mari	yland b. COUN	"Baltimore
b, CITY OR TOWN	(If outside corporate limit		c. LENGTH OF STAY IN 1b	c CITY OR TOWN (IF	outside corporate limits, write RUR	A. and give nearest town)
	nd give nearest town)			704	uson	
d. NAME OF HOSP	TAL OR INSTITUTION (If is		e street address)	d STREET ADDRESS		e .S RESIDENCE ON A FARM?
307 E.	Pennsylvan	ia Ave		<i>307 E.</i>	Tennsylvania A	lve. YES NO X
3. NAME OF DECEASED	4.5	est	Middle	Last	4. DATE Mont	501 1001
(Type ar print)		rles		om Sr.	DEATH Ucto	
5 SEX	6. COLOR OR RACE	7 MARRIED 🗶	= = 1	8 DATE OF BIRTH	9. AGE (n years dast birthday)	F UNDER 1 YEAR IF UNDER 24 HRS, Months Days Haurs Min.
Male	white	WIDOWED] DIVORCED [September 1	3, 3 06 yrs	
during mast of working	DN (Give kind of work dane g life, even if retired)	. I INDU	OF BUSINESS OR	11 BIRTHPLACE (Count	y & State, or foreign country)	12 C TIZEN OF WHAT COUNTRY-? .
younds i	Reepen het	ined to	spital	Paryle	and the same of th	Wri
13. FATHER S NAME	, ,	,		14. MOTHER'S MAIDEN		
		ecol	cial cecupian no	NICOSIN . III	unknown dec	
(Yes, no, ar unknown	/ER IN U.S. ARMED FORCES? I (If yes give war or dates o	of service II		INFORMANT	Addre	SS
no	none	212		Family rea	ords	
PART I. DE	DEATH (Enter any ane cou ATH WAS CAUSED BY:	use per line for (a), (b), and (c))	01 51 1 1 1	Flores	INTERVAL BETWEEN ONSET AND DEATH
4++1	IMMEDIATE CAUSE		ance row	The have	row ra	194.
Canditions, if an	DUE y, which gave 3	10 Astax	imelerat	ic Cardi	mand of planers	10 VI
rise to immedia	rte cause (a),	10		S COUNT	Alana	300 1000
last.	errying coose	(c)			A COLOR	
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	OND T ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
A I						PERFORMED?
	AS UNDERLYING	20b DESCR	RIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Part II of Item 18)	
	G □ CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF IN	JURY Manth, Day, Year	1		ACE OF INJURY (Home, for		(County) (State)
ž nooi c	.m. 19	While at work		ctory, street, office bldg., etc		
			d the deceased fram_		1956, to 10 15	, 19 <u>_6</u> that (I) (we) las
saw the	deceased alive on	7017	19 and the	at death accurred a	tM, fram causes o	and an the date stated above
220 SIGNATURI	100	1 10	111.0001	ATTENDING	MED. STAFF	22b DATE SIGNED
22c PHYSICAN	nes C	- /	ecces 7 N	1.D PHYS LEG	DIRECTOR L PHYS L	10 16 61
NAME (Typ	Charles	F. O'D	onnebl	7501 1	ear ed	•
23a BURIAL, CREMAT	ION. 23b DATE THE	EREOF T	23c NAME OF CEMETERY OF	7	23d LOCATION (City or Tov	vn) (County) (State)
REMOVAL (Special		-67	Markland Jen	4	Parkville	A1.1
24. FUNERAL DIRECT	OR OR	7/	ADDRESS		D BY REG STRAR 2Sb REG	GISTRAR'S SIGNATURE
John 1	Sunna Coma	Towso	n. Narylan!	DATE	CT 19 1967 A	Charles Judge -

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbet shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, with the state Dept. of Health prior to burial, crematian, ar removal, and in any event, with Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

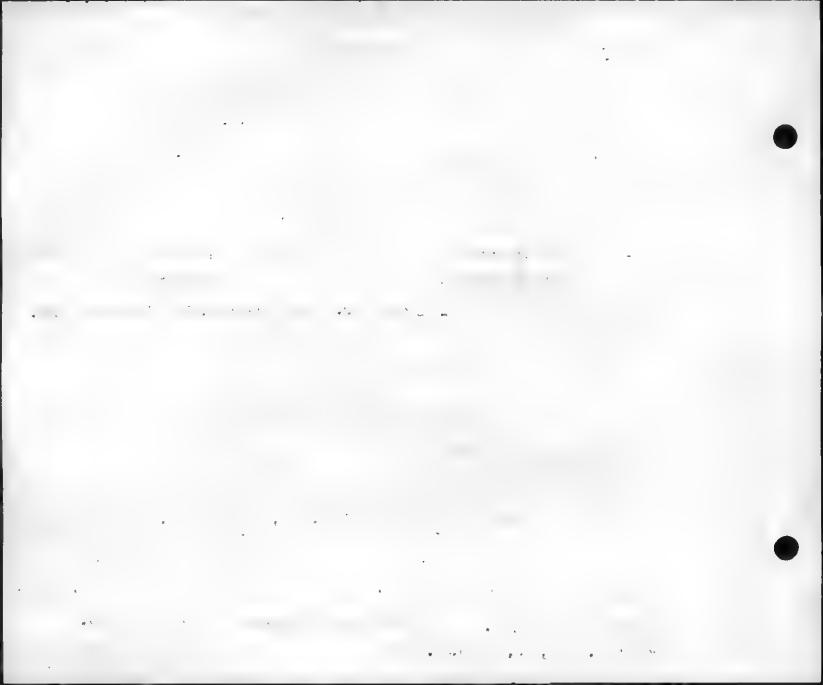
CERTIFICATE OF DEATH

13613

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-	2	w	IJ	-

I. PLACE OF DEATH				Where deceased lived, if institution	
a. COUNTY	timore	MARYLAND	° Maryland	b. COUNT	γ
	f outside corporate limits,	C LENGTH OF STAY IN 16		utside corporate limits, write RURA	L and give neorest town)
write RURAL and	give nearest town)		1	re, 21214	,
	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
St.	Joseph's Hosp	ital	2720 Nort	thern Pkwy.	YES NO [
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	John	William	Schurman	DEATH Octo	
SEX	6 COLOR OR RACE 7 MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years last pirthday)	Months Days Hours M.n.
male .	white who	OWED X DIVORCED	July 24,188	37 1031 80 yrs	Manths Days Hours M.n.
Oo USUAL OCCUPAT ON Juring most of working		Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Tool & Die Mak		Baltimore	Maryland NAME	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Adolph Schurman			Marie Mombe	rger
S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		INFORMANT	Addres	•
(res, na, or unknawn) No	(If yes give war at dates of service)	216-10-0229 M	r. Harold Sc	hurman, 6149 Chi	inquapin Pkwy.
	ATH (Enter only one couse per h				INTERVAL BETWEEN
PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multiple pulmona	ary embolism	15	ONSET AND DEATH
TAUU	DUE TO				
Conditions, if any,		Congestive heart	t failure		
rise to immediat	e cause (a), (
stating the under	(c)	Arteriosclerotic	heart dise	ase	
PART II OTHER SI		TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
2					PERFORMED? YES X NO
200 ACCODENT WAS	TINDEPLYING CT	OF DESCRIBE HOW INJURY OCCURRED	(Foter poture of university	Part I or Part II of item 18)	1 10 [24 10 [
OR CONTRIBUTING	CAUSE OF DEATH	OS DESERBE HOW HOOR! OCCURRED	. (Lines storote as inqui) to	ran ran ran mar man ra.,	
- L HE CHINCK, NUMEY	MEDICAL EXAMINER)	20d INJURY OCCURRED 20d. PL	ACE OF IMBUDY JUL A	1 201 (61)	
					[faunty] [Stata]
Hour o.n	0	ADJUST - NAMED - FOR	ACE OF INJURY (Home, for ctary, street, affice bldg, etc		(County) (State)
0.10	n. n. 19	While Not While for	ctary, street, affice bldg , etc)	
21. I certi	n. 19 (for that AN (this haspital) (while Not While far at wark at wark from 1	ctary, street, affice bldg , etc	19_67, to_Oct1	Pth1967, that PA (we) to
21. 1 certi	n. 19 (for that AN (this haspital) (While Not While for	ctary, street, affice bldg , etc	19_67, to_Oct1	Pth1967, that M (we) lond on the date stated about
Hour o.n	fy that (19) (this haspital) (eceased alive an Octo	While Not While of work of twork of the deceased from the decease of the decease	ctary, street, affice bldg , etc	19_67, to_Oct1	Pth 1967, that PA (we) lond on the date stated above 1 226 DATE SIGNED
21. 1 certi	fy that (19) (this haspital) acceased alive an Octo	While Not While of work of twork of the deceased from the decease of the decease	Sept. 3rd., at death accurred a ATENDING PHYS. 22d. ADDRESS	19_67, to Oct. 1: 13:25AM, fram causes of MED STAFF PHYS	Pth/967, that PA (we) had an the date stated about 22b DATE SIGNED 10-12-67
21. I certi saw the di 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BUR AL, CREMATIC	fy that (19 (this haspital) eccessed alive an Octo Lawrence F.	While Not While of wark of the deceased from ber 12 19 67, and the	Sept. 3rd., at death accurred a AD PHYS. 22d. ADDRESS 7620	19_67, ta_Oct. 1; 13:25AM, fram causes of MED DIRECTOR STAFF PHYS 129 York Rd. Total Control	Pth/967, that M (we) load on the date stated above 10-12-67 WSON, Md. 21204 (County) (State)
21. I certi saw the di 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BUR AL, CREMATIC	fy that (19 (this haspital) eccessed alive an Octo Lawrence F.	While Not While of work of the deceased from ber 12 19 67, and the work of the deceased from Not the work of the deceased from Not the work of the wor	sept. 3rd., at death accurred a ATENDING PHYS 22d. ADDRESS 7620	19_67, to_Oct. 1: 13:25AM, fram causes of the director STAFF PHYS York Rd. Total Control Cont	Pth/967, that M (we) Ind on the date stated about 22b DATE SIGNED 10-12-67 WSon, Md. 2120
21. I certi saw the di 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BUR AL, (REMATIC BEMOVAL (Specify BUTTAL 24 FUNERAL DIRECTO	fy that (19) (this haspital) deceased alive an Octo Lawrence F. 23b DATE THEREOF 10/14/67.	While Not While of work of the deceased from the	sept. 3rd., at death accurred a ATENDING PHYS 7620 R CREMATORY ACCURATE ADDRESS 7620 R CREMATORY ACCURATE ADDRESS 7620	MED DIRECTOR STAFF PHYS 23 York Rd. Total Control Con	Pth/967, that M (we) Ind on the date stated about 22b DATE SIGNED 10-12-67 WSON, Md. 21204 (County) (State)

TO INDEPITAL OR ATTENDING PHYSICIAN: The tow requires that the demith certificate be ellecuted within 24 hours after demith. filled in by the funeral 72 haurs of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached far use as the burial-transit permit. Then please remave of a should be tiled with the State Dept. of Health priar to burial, cremation, or remaval, and in any ever Page 4 may be retained by the haspital or attending phylician. VR A15 (4)



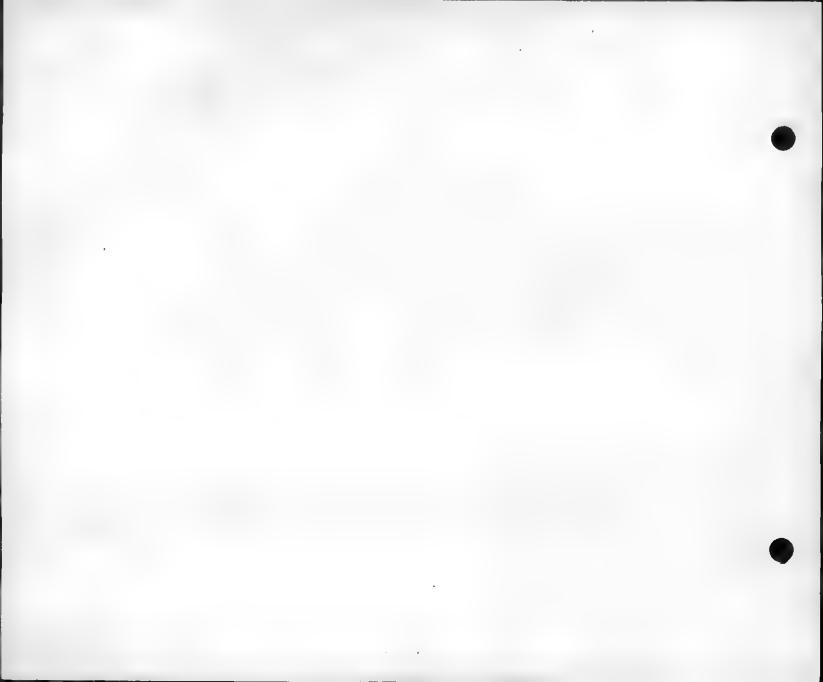
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13614

- NA 15		
VERS &	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
funerol funerol	@ COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
by the tages	b CITY OR TOWN (If autside corparate limits, C LENGTH OF STAY IN 16	c, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
by the Page	write RURAL and give nearest town) Dundalk	Dundalk (A.7, /
ho ho	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 8 IS RESIDENCE ON A FARM?
d within 24 erely filled troon page ni, within 7	2902 Dnleer Road	2902 Dunleer Road VES NO X
基(3 NAME OF First Middle	Last 4 DATE Manth Day Year
	(Type or pnnt) SARAH SHEPHERD SCHWING	DENIII COMPANIE CO
comple comple ove comple y event		B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Igust birthday) Months Days Hours Min.
execut nd com remove	Female Bhite WIDOWED DIVORCED .	April 25, 1916 51 yrs
ond ond in an	10a, USUAL OCCUPATION (G-ve kind of work done lduring maskef working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
ertificate be exemply size ond some physician ond some please remote oval, and in any	At nome	West Virginia COUNTRY? U.S.A.
ifico in planta in planta	13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
eoth certifi anding phy nit. Then or remova	Jacob E. Shepherd	Sallie Moore
offh it. Tree	(Very many language) (Video and	NFORMANT Address
ne deoth cer ottending p permit. The ion, or remo	pr.	Harold E. Schwing 2902 Dumleer Road
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that than the by the tronsit	IMMEDIATE CAUSE (a)	10 clusion 71/10s
es t sicia ad t ol-tr	Conditions, if any, which gave) (b)	11. CIVO (11-1) (PALO 3 V
equires physicic signed buriol-t buriol, c	nse to immediate cause (a),	JUSTUR CO SISCOS VIJA
law rending been so the total	stating the underlying cause	
e law ratending tending as been as the prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTION DOR CONTRIBUTING DOR CONTRIBUTION DOR CONTRIBUTING DOR CONTRIB	PERFORMED?
AN: That or of icate he for use Health	20g. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW IMJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)
·	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S PHYSICIAN: the haspital of this certificate detached for the	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
C = W	Haur a.m. p.m. 19 While of work of work	ary, street, affice bldg , etc.)
ATTENDING atoined by th CTOR: After It should be de	21. 1 certify that (1) (this hospital) attended the deceased fram	1903 to (h) 190 /that (I) (we) last
R. S.	saw the deceased alive an Clar - 19 @ and that	t death accurred at M, from causes and an the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
OR be r	M.E.	D. PHYS. L
A Solution	22c. PHYSICIAN'S NAME (Type) M.B. Davis, M.D.	22d. ADDRESS 6800 Mornington Road
O HOSPIT Poge 4 mm O FUNERA director, I	230 BURIAL, CREMATION, 23b DATE THEREOF 23C NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City of Town) (County) (State)
一色品	Burial (Specify) 10/4/67 Oak Lawn Cer	metery Colgate, Md.
NI	24 FUNERAL DIRECTOR ADDRESS	25g. REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE
VR A15 (4) 25M 1/67	Ullrich Funeral Home Dundalk, Md.	DATE T 5 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odm ssion)o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside carparate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If aufside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? YES NAME OF Middle Lost DATE Month Year DECEASED OF DEATH 10 (Type or print) SY.S 9/0 5 SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 WAARRIED DATE OF BIRTH IF UNDER I YEAR **NEVER MARRIED** lost birthdoy) Manths Days Haurs WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done inb. KIND OF BUSINESS OR (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? USA 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address ~04 P01-CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH WEN MY ON IMMEDIATE CAUSE (a) DUE TO DUE TO WAS AUTOPSY PERFORMED? 5 < D NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II at item 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) at work of work 21. 1 certify that (1) (this hospital) attended the deceased from 196") to saw the deceased alive an. 1967, and that death accurred at 22b. DAJE SIGNER ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS.

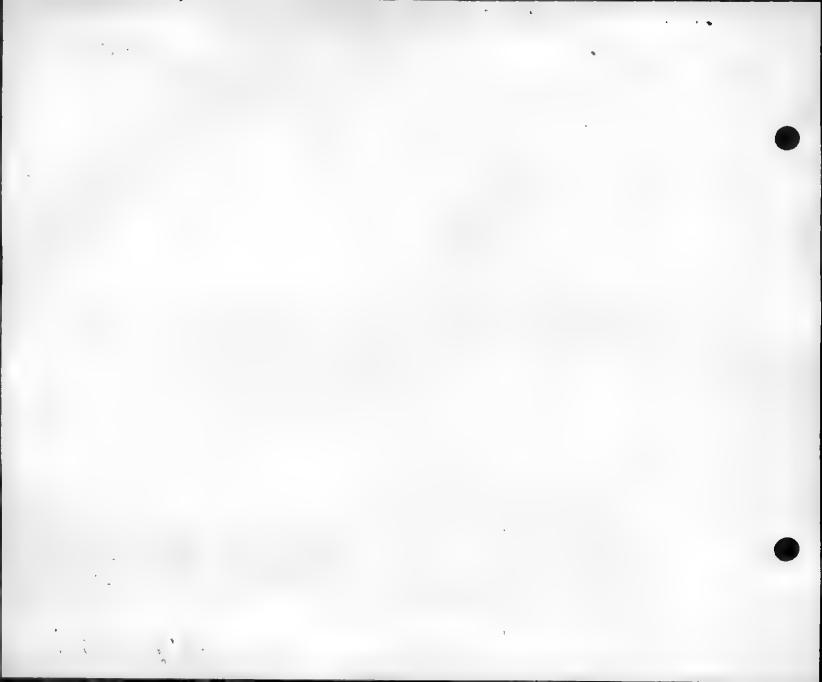
ar remaval, and in any event, within 72 hours afte гетпоче the attending physician and sit permit. Then please rem during most of working life, even if retired) 13 FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) crematian, signed by the burnal-transit p Page 4 may be retained by the hospital ar attending physician burial, Canditions, if any, which gove rise ta immediate cause (a), stoting the underlying cause as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p CERTIFICATION TO FUNERAL DIRECTOR: After this certificate 호 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year þe that (I) (we) lost shauld M, fram causes and an the date stated above. 22o. SIGNATURE ŝ page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) directar, p should be 23a. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) REMOVAL (Specify) Galesville. Zion Cemetery AA Co. 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 196 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md.

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law requires that the death certificate be executed with



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13616 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) o. COUNTY h COLINTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Month Day Year DECEASED (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 6. COLOR OR RACE DATE ost bethdoy) Months Hours Doys WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mest of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHERADMAIDEN NAME 17. INFORMA (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I OEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO. 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INIJRY Month, Ooy, Year (Eity or fown) ((vtnuo3) (Stote) Hour o.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) 1967, to 9 25 attended the deceased fram 6 P.M. 1967, and that death accurred at 925 M, fram causes and on the date stated above saw the deceased alive an O 22o. SIGNATURE 22b. DATE SIGNED 0.2-67 MO. 22d. ADDRESS

physician a nen pleose removal. ö buriol-transit signed by the of Health prior to hos this certificate 0 be retained TO FUNERAL DIRECTOR: filed director, -should by

CATION

24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within

funeral den

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in 72 hours

event

any

and in

remove

NAME (Type) Rahim Bassir 230 BURIAL CREMATION 23b DATE THEREOF

GBMC . 23c NAME OF CEMETERY OR CREMATORY Greenmount

Baltimore Md. 2So REC'D BY REGISTRAR 25h REGISTRAR S SIGNATURE 1967

Towson. Md.

23d LOCATION (City or Town)

Cremation 24. FUNERAL DIRECTOR

22c. PHYSICIAN'S

H.W. Jenkins & Sons Co. 4905 York Rd., Balto

10-3-67

ADDRESS

(Stote)



hours after death.

requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Within campletel

and in any and physician (ar remayal, the signed by the burial-transit p as the priar ta ficate detached for the Dept. of 1 shauld

attending poermit. The TO FUNERAL DIRECTOR: After be retained director, page 3 shauld be filed w

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). o. COUNTY o. STATE **b.** COUNTY Baltimore Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Owings Mills 13 days Lothian d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Rosewood State Hospital 29 Patuxent Mobile Estates NO ST 3. NAME OF First Middle Lost 4. DATE Dov DECEASED Sandra SHAW Jean 10 16 67 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Doys Hours Female White WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Dependent INDUSTRY COUNTRY? Ann Arbor, Michigan U.S.A. none 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Robert Harold Shaw Carol Jean Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Owings Mills. Maryland Rosewood Records. none INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (o). DUE TO stating the underlying cause WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO-THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 39 NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. Tenter nature of injury in Port or Port N of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg , etc.) ot work of work 19 67 that (t) (we) last 21. I certify that **() (this haspital) attended the deceased from 19_67, ta. 19.67, and that death accurred at 7:45am, from causes and on the date stated above. saw the deceased alive an 22d SIGNATURE 22b DATE SIGNED 10-16-67 M.D DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Rosewood State Hosp. Jones. 23b DATE THEREO NAME OF LEMETERY OR CREMATORY BURIAL CREMATION. LOCATION (City or Town) (County) BUREMOVAL/(Specify) Ylen Eden Lutheran Wayne (o. Michigan 25a, REC'D BY REGISTRAR Sons Reisterstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13612

CERTIFICATE OF DEATH

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F		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institu		efore odmission)
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		write RURAL and give nearest town)	C CONTOUR OF STATE IN CO.			
L		Mt. Wilson	3/ 16 melia		7122	
ı	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	· 1/	d STREET ADDRESS	,	e. S RESIDENCE ON A FARM?
		Mt. Wilson State Hos		222 S. 18. 2-4, ve (()	7.(YES NO X
		NAME OF First DECEASED	Middle	Lost 4. DATE Mor	ith 2	Day Year
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ŀ	10		SOCIAL SECURITY NO. 17.	NFORMANT Add	1101	
		s, no, or unknown) (If yes give wor or dotes of service)	4 -4			
L		No /	05-10-6496 Re	cords, Mt. Wilson St	ate Ho	spital
ľ	П	18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c))			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY. !MMEDIATE CAUSE (o)	Cor Pr	raner ele		ONSET AND DEATH
		5 1 / 1 DUE TO	_ ^			
ı		Conditions, if any, which gave) (b)	Parla	and the training		
		rise to immediate couse (a),	1 - 1 - 1 - 1 - 1 - 1 - 1	The state of the s		
		stating the underlying couse		/		
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1	3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	FO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)		PERFORMED?
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	CERTIFICATION		SCRIBE HOW INJURY OCCURRED ((Enter noture of injury in Port or Port II of item 18)		
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	EDICAL	and the state of t		E OF INJURY (Home, form, 20f (City or town)	(County	(Stote)
		Hour o.m. While		ory, street, office bldg , etc.)		
		21. I certify that (1) (this haspital) atten		5/-/1 1967, to 10-16	19.67	that (i) (we) last
1		saw the deceased alive an 10-1		death occurred at 11 p M, from causes	and on the	date stated above.
İ		22c SIGNATURE	1	ATTIONIO MEO	22b DATES	SIGNED
I		1 NILVEMM	M.D	D. ATTENDING MED. STAFF DIRECTOR PHYS. [10	-19-17
I	ŀ	22c PHYSICIAN'S		22d. ADDRESS		
			er, M.D.Supt	. Mt. Wilson, Maryla	nd	
=	220	BURIAL CREMATION. 236 DATE THEREOF	T 23c NAME OF CEMETERY OR C		num) (Co.	unty), (State)
H	23 <u>0</u>	REMOVAL (Specify)		The same of	2 (60)	(31019)
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1	24.	FUNERAL DIRECTOR	ADDREST N. Q		EGISTRAR S SIGN.	O. dae
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to Hospital or attending PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached far use as the burial-transit permit. Then please remave contabalitied with the State Dept. of Health priar ta burial, crematran, or removal, ≡nd in any ≡vert Page 4 may be retained by the haspital ar attending physician.



CERTIFICATE OF DEATH

PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate imits. c. LENGTH OF STAY IN 1b	O. STATE Mary (and b. COUNTY Baltimore
b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If aviside corporate limits, write RURAL and give nearest town)
ARbutus 84rs	Arbatus
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
1300 Poplar Ave.	1300 Poplar Ave. YES NO DE
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
(Type or print) // ari/ a. Jnek	DEATH October 16 1967
S SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF JNDER 24 HRS lost bythday) Months Days Hours Min
Penale White WIDOWED DIVORCED	2/10/8/ 8 ALZ MINING DAYS MAIL
100 US_AL OCCUPATION (Give kind of work done durings-most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12 (ITIZEN OF WHAT COUNTRY?
Housework Own Home	Maryland U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hoam KREINEr	UNKNOWN
(Yes no or unknown) (If yes give wor or dotes of service)	INFORMANT Address
NO 220-48-4355 De	lore Shek 1300 Poplar AVL.
18. CAUSE OF DEATH (Enter only one couse per line (for/(o), (b), ond (c), PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN PONSET AND DEATH
IMMEDIATE CAUSE (o)	se carle vascular Jenes
SHE-TO WIT ACK	lease V
(b) (conditions, if ony, which gove rise to immediate couse (a),	relliter years
stoting the underlying couse DUE TO	
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☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of stem 1B)
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量 Hour o.m. \ White - No.White - for	ACE OF INVIRY (Home, form, 20f (City or town) (County) (520te)
p.m. 19 of work of work	10/36 4.766 10/3 11 11 11
21 I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an_1967, and that	196 ta 6016, 1967, that (I) (we) last the death accurred at 600 M, fram causes and an the date stated above
220. GIGNATURE	22b DATE SIGNED
1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	D. PHYS DIRECTOR PHYS 1 16/6
22c PHYSICIAN'S	22d. ADDRESS
NAME (Type) Edgar Williamson	5550 Balto National Piles
230 BURIAL, CREMATION, 230 DATE THEREOF 230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (Crty or Town) (County) (State)
Buryol 10/19/67 Longlin Pa	rh Gemetry Battimory Maryland
24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 255. REGISTRAR SCIGNATURE
Hombrose Tro 1329 Sulahur Doring 1	CO DIOCT 18 1967 PCharles Judge

C **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. I after death. ages I and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, Reges 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72,5 au) after death. papers. Pr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13814 13620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY g STATE b. COUNTY Page c City OR TOWN (If autside (orporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. PM3. verite RURAL and give nearest, town Wosastock ANDAILSTOWN d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS form RIGHTS YES NO ofter deoth e, writing the word 'pending' in pencil in Item 18. Give Pag forwarded to the Chief Medical Examiner's Office along with 3 NAME OF DECEASED the 19 6> (Type or print) DEATH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS lost birthday) Months Hours 30/02 WIDOWED within 72 hours ofter deoth 6 5 YIS File pages land 2 100 US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT COUNTRY? duting most of working life, even if retired) 13. FATHER 5 NAME 15 WAS DECEASED EVER IN U.S. ARMED PONCES.
(Yes, ng. grunknown) (If yes give wor or dates of service) 216-07-4015 burral-transit permit. dastoc 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) event \ ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) MEDICAL EXAMINER SHIPS certificate should DUE TO in ony Conditions, if any, which gave) rise to immediate cause (o). DUE TO 0 stoting the underlying cause and Q O PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS" cremotion, or removal, PERFORMED? CERTIFICATION certificate, NO should be 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I) or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Doy, Year Hour a.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Page of work 2) I certify that I took charge of the remains described above, held an Autapsy ... Inspection 🔀. Inquiry , and in my apinion be retained for O FUNERAL DIRECTOR: Health prior to buriol, death resulted fram Natural causes 🗶 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER [__ the funera DEPUTY MED CAL EXAMINER moy Address (Street, cty, town, or county) Bal to Med. 21227 (County) 230 BUR AL CREMATION LOCATION (City or Town) (State) REDOVAL (Specify) LAKE VIEW 25b REGISTRAR'S SIGNATURE VR A15ME (5) Ocharles 6M 1/67



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ı	DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	13015	CERTIFICATE OF DEATH 13621
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission

- 1 "	a. CQUNTY	TATE , b. COUNTY ,
	BALTIMURE MARYLAND	Md. BALTIMURE
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. C.	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
11	RANDALLS TOWN 5 days -	BALTIMORE
-	1 AIUDALLO JOWN	STREET ADDRESS Apt. 104 IS RESIDENCE
1	BALTIMORE Co. General Hospital	GAD DUALILIANDE GIRCLE ON A FARM?
1.2		
3	3. NAME OF First Middle	Last 4. DATE Month Day Year
П	(Type or print) Abraham - 5	HUSTEV DEATH 10 6 1961
S	S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE	
		25-96 Jyrs Months Days Hours Min.
1		RTHPLACE (County & Stala, or toraign country) 12. CITIZEN OF WHAT COUNTRY?
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	TY .	YES NO
	E 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter n	ature of injury in Pert I or Part II of Itam 18)
18	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BOT NOT KELATI 20a ACCIDENT WAS UNDERLYING TO BEACH BOT NOT KELATI 20b DESCRIBE HOW INJURY OCCURED. (Enter in Different Parties)	
		LURY (Homa, farm, , 201, (City or town) (County) (State)
1 2		t, office bldg., alc.)
	p.m. 19 et work al work	
	21. I certify that (I) (this hospital) attended the deceased from	-2 19(e) 10 14-(e 19(e 7, that (l) /(we) last
	saw the deceased alive on 10 - 6 1967, and that death	occured at from the causes and on the date stated above.
	22a SHGNATURE	22b. DATE
	AT AT	TENDING MEDY STAFF YS. DIRECTOR PHYS.
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2	230. BURIAL, CREMATION 236 DATE THEREOF 230. NAME OF CEMETERY OR CREM	
	**BURTAL 10-8-67 SWINICHER WOLINER	BALTIMORE, MARYLAND
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR ASES. REGISTRAR'S SIGNATURE
S	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN	ROAD DATE UCI 11 1901



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13622

_5010	CERTIFICATE	OF DEATH				
PLACE OF DEATH		2. USUAL RESIDENCE (W	There deceased lived		denco befare	admission)
O. COUNTY BALTIMORE	MARYLAND	a. STATE MARY LA	AMO	b. COUNTY		
	TH OF STAY IN 16	c CITY OR FOWN (If out		write RURAL and	dive negrest l	lown)
write RURAL and give nearest town)		,	istor corporora territo	, , , , , , , , , , , , , , , , , , , ,	3,100 1,000 001	A :
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street		d. STREET ADDRESS				IS RESIDENCE
	addressj			4-4	-	ON A FARM?
6009 UPDALE COURT		6009 UPDAL		#21207		S NO X
NAME OF First DECEASED	Middle	1ost	4 DATE OF 3.00	Month	Day	Year
(Type or print) BESSIE		SIEGEL	DEATH OC	TOBER	9,	19 67
SEX 6 COLOR OR RACE 7 MARRIED N		DATE OF BIRTH	9 AGE (I	n years IFUNI rthday) Month		FUNDER 24 HRS. Hoers Man
FEMALE WHITE WIDOWED XX	DIVORCED AU	IGUST 13, 18	886 81	Yrs.	2 2013	710013
Oa, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL	JSINESS OR	11. BIRTHPLACE (County 8	& State ar fareign cou	ntry) 12	CITIZEN OF Y	TAHY
during most of working life, even if retired) INDUSTRY HOUSEWIFE AT H	OME	LATVIA			COUNTRY?	
3. FATHER S NAME		14. MOTHER'S MAIDEN N	IAME			
JACOB FRANK		MARGOLA				
IS WAS DECEASED EVER IN ITS ARMED FORCES? IA SOCIAL SE	CURITY NO. 17. IN	FORMANT		Address		
(Yes, na, or unknown) (If yes give wor or dates of service)		ESTHER FRA	AUP CTECE	1 10000	AAA LID	DALE CT.
		ESTHER FRA	WA SILUE	L, MANADI		
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), a PART : DEATH WAS CAUSED BY:	and (c))	1 1	nahari		ONSE	YAL BETWEEN T AND DEATH
33/x IMMEDIATE CAUSE (a)		- Manu	300		111	~
00210	Pila	al t.	- 0.	~ 4	20.46	100 1
Canditions, if any, which gave (b)	CV-V	ar i		10001	JOT.	year)
stating the underlying cause DUE TO					0	
last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PA	RT I(o)		VAS AUTOPSY ERFORMED?
HCVD					YES	
	OW INJURY OCCURRED. (F	inter nature of injury in F	Part I ar Part II of it	em 18)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c T ME OF INJURY Manth, Day, Year 20d INJURY OC		OF INJURY (Hame, farm		ir town)	(County)	(State)
	of While foctor	ry, street, affice bldg , etc.)				
21. I certify that (I) (this hospital) attended the		May 11	960,10-	7 ()(1)	9 6 7tha	t (I) (we) las
saw the deceased after on 9 OU		death accurred at_	IIA M from	causes and as	the date	stated above
220. SIGNATURE	, and man	400777 44101104 41	,		DATESGNED	
1 tauris	M D			HYS D /) () a	7967
22c. PHYSICIAN'S	, m p	22d. ADDRESS	DIRECTOR CO T.	110		
NAME (Type) DR. MARVIN H. DAVIS		6512 LIBE	ERTY ROAD			
	NAME OF CEMETERY OR CI		23d LOCATION	(fity or Town)	(County)	(State)
REMOVAL (Specify) BURTAL 10-12-67				` .		
	ADDRESS ADDRESS		BY REGISTRAR	25h REGISTRAR	ARYLAN S SIGNATURE	
TAL LEUTHOAL & DOAG THE LATE			CT 1 6 19	67 100	conces	Judge.

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and camplefely filled in by the fupera director, page 3 should be detached for use as the burial-transit permit. Then please remave (arben, pages, 1 pages, 1 bashauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, with 1772 hours after and Page 4 may be retained by the haspital ar attending physician.

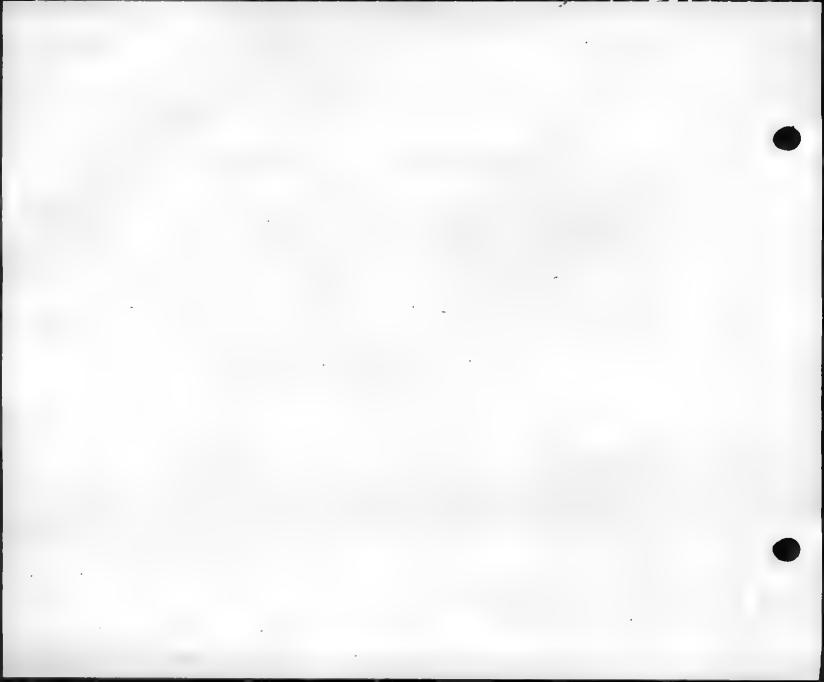


6500 York Rd.

1987

VR A15 (4) 20 M 1/66

Mitchell-Wiedefeld Home



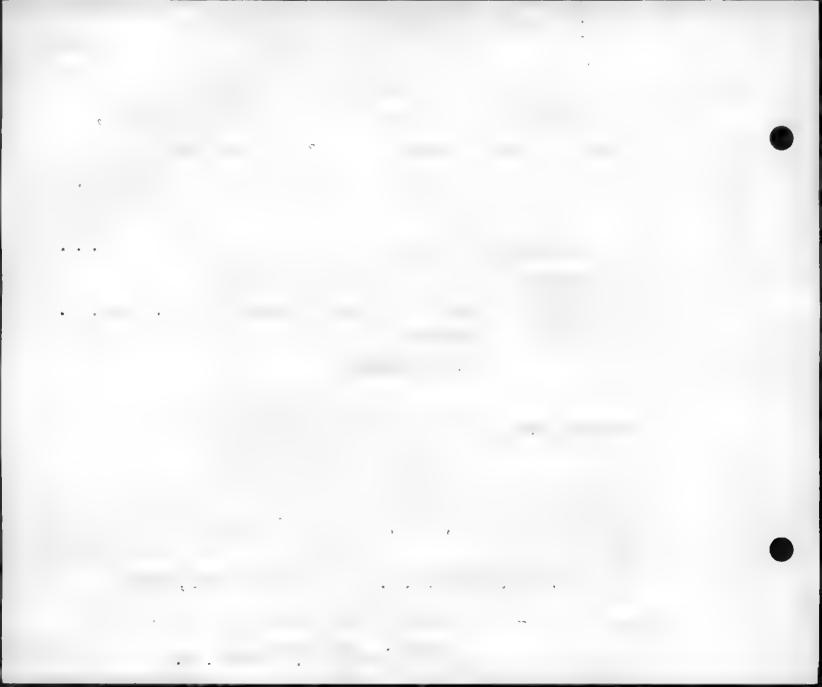
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12624

		CERTIFICATE	OF DEATH		TOOM-I				
1 PLACE OF DEATH				(Where deceased lived, if institution Re	sidence before admission)				
o. COUNTY	BALTIMORE	MARYLAND	o STATE MA	ARYLAND 6 COUNTY					
b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If o	outside corporate limits, write RURAL on	d give neorest town)				
FORT	HOWARD town)	20 DAYS	B/	ALTIMORE # 2122	4 .				
d NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS	,	e. IS RESIDENCE				
VETERANS	ADMINISTRATIO	N HOSPITAL	417 SOUTH	DREW STREET	YES NO 2				
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Year				
(Type or print)	JOHN	WILLIAM	SLITZER	DEATH OCTOBER	R 8, 1967				
S SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8 DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS				
MALE	WHITE WID	OWED DIVORCED	4/3/94	13 pirthdoy) Mon	ths Doys Hours Min.				
100 USUAL OCCUPATION		10b KIND OF BUSINESS OR	11 BIRTHPLACE (Count	y & Stote, or foreign country)	2 CITIZEN OF WHAT				
	, BALTO CITY	ETIRED	BALTIMOR	RE, MARYLAND	COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
WILLIAM			MARY VAN	HEEN					
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service		INFORMANT	Address					
YES	IWW	217 38 57 65 CL	NICAL RECOR	RDS, VAH, FT. HOW	ARD, MD.				
18. CAUSE OF DE		INTERVAL BETWEEN ONSET AND DEATH							
PAKI I. UÇAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	EPTICEMIA			ONSET AND DEATH				
Conditions if any which gove > DUE TO RHABDOMY OSARCOMA									
Conditions, if ony, nse to immediat	e (a) (b)	THE PROPERTY OF STREET							
stoting the under	rlying couse DUE TO								
last.) (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART I(c) PULMONARY EDDEMA 19 WAS PERF YES 2									
OR CONTRIBUTING	20th ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20th DESCR'BE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Nem 18.)								
20¢ TIME OF INJU			CE OF INJURY (Home, for tary, street, office bldg., etc		(County) (Stote)				
21 certify that 194(this haspital) attended the deceased from SEPT 18, 1967, to OCT 8, 19 oct 18,									
220. SIGNATURE	Palbert	M.	ATTENDING D PHYS	MED STAFF DIRECTOR PHYS DX	b. DATE S GNED 10/10/67				
22c PHYSICIAN'S NAME (Type)	JOHN D. TA	LBERT, M. D.	22d. ADDRESS VAH FOI	RT HOWARD, MARYLAI	ND OT				
230 8 JRIAL, CREMATIC REMOVA. (Specify BURTAT	23b DATE THEREOF 10-13-67	23c. NAME OF CEMETERY OR CARDENS OF FA		23d LOCATION (City or Town) BALTIMORE, MAR	(County) (State)				
24 FUNERA. DIRECTO		CHARLES 8. ZEIL	ER FUNDRAL.	D BY REGISTRAR 2Sb REGISTRA	RS SIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. pletety filled in by the teneral director, page 3 sliauld be defached far use as the burial-transit mermit. Than please remaye carbon bapers. Pages I should be filed with the State Dept. at Health prior to burial, crematian, or remayal, and in any event, within 72 haurs affect. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confidenter, page 3 slightly be detached for use as the burial-transit mermit. Them please remayer



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

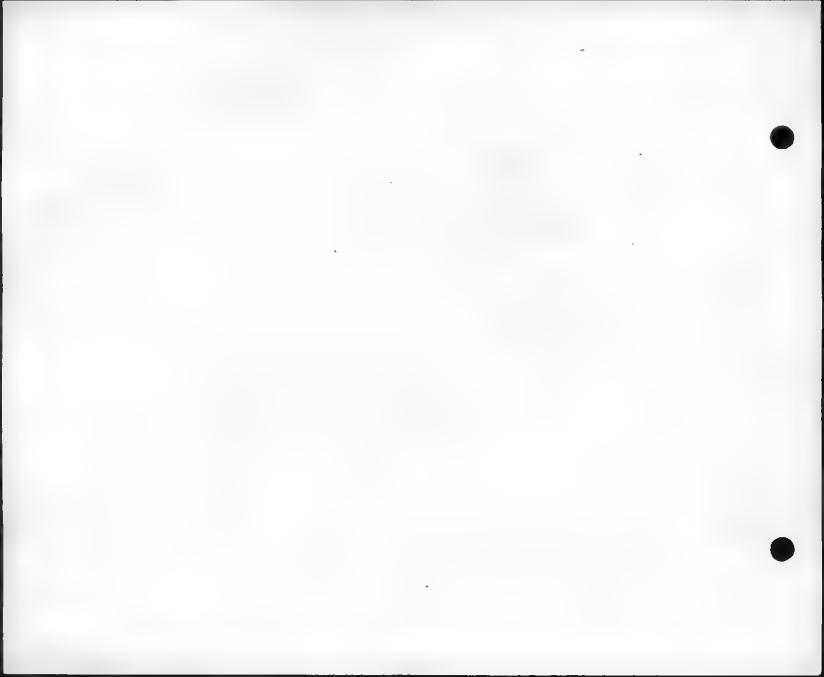
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by t director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carboin papers. Paginasile of the prior of the prior to burial, crematian, or remayal, and in ally event, within 12 haurs.

funeral

613

CERTIFICATE OF DEATH

L.	_ = 0 0 10											
1	PLACE OF DEATH a. COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Maryland b. COUNTY //								
H	b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) Baltimore C. LENGTH OF STAY IN 1b				c CITY OR TOWN (If outside carparate timits, write RURAL and give nearest tawn)							
П				Kingsville								
H		AL OR INSTITUTION (If no	it in hasoital, give s	street address)		d. STREET ADDRESS					B IS RESID	DENCE
L	St. Josep	h Hoppital		Md. 2120	4	Cedar Lane				,	ON A FA	ARM?
3	NAME OF DECEASED	Fir		Middle		Last	4. DAT			Day	Yeo	
	(Type ar pant)	JO S	SEPH	A.	S	METANA	OF DEA	_{TH} Oct	ober	29	19	67
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3 1	B. DATE OF BIRTH		9 AGE (In years	IF UNDER			24 HRS
	Male	White	WIDOWED	DIVORCED [51	18-10-189	8	last birthday)	Manths	Days	Haurs	Min.
11	Od USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR		T 11 BIRTHPLACE (County	& State o	<u> </u>		TIZEN OF		
d	uring most of working Resided	l.fe, even if retired)	INDUST	RY Electric	Co	Baltim	000		1 (1	DUNTRY?		
1	3. FATHER'S NAME		Uab Q	Erectric	- 00	14. MOTHER'S MAIDEN I			1		-	
		Inthony J. S	metana					Solar				
_		R IN U.S. ARMED FORCES?		AL SECURITY NO.	17 1			4.11	2291			
1	Yes, np, or unknown)	(It has ding wat at gates a	f service) 0/0_	OF_EERR				- C- ton L	1822	. A1	,:11	2 10 1
L	51.3	1		7 77	115	rie in Sont	, , , , ,		137	3 -71	-	2 0
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART DEATH WAS CAUSED BY								INTERVAL BETWEEN ONSET AND DEATH		
	, PARTI DEA	IMMEDIATE CAUSE	(a) Pulpic	onary embo	lus	3				C/143	T. AND D	EATH
	/	r X DUE TO										
		Conditions, if any, which gave Paralytic ileum										
rise to immediate cause (a). Stating the underlying cause DUE TO Left ureteral calculi with chronic												
	last.		(c) pyelo	onephritis	3					1		
MOITA	PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING TO DI	EATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	NDITION C	SIVEN IN PART 1(a)			WAS ALTO PERFORM	OPSY ED? NO
CESTIFICATION	E UU KUURKA BIQUUT	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part Lar	Part II of item 18)			(=3	
MEDICAL	20c. TIME OF INJ	16	20d INJUR	Nat While		E OF IN.URY (Hame, farm ary, street, affice bldg., etc.)		f (City or town)	((c	(ytnuc	(State)
l		21 certify that (Mithis haspital) attended the deceased from 10-28 , 1967, to 10-29 , 1967, that \$2 (we) last										
	saw the d	eceased alive an	10-29-	19 678 and	that	death accurred at	9:15	AM. from causes	and an t			
M.D ATTENDING MED STAFF TO DIRECTOR PHYS							DATE SIGNED					
									0-29-			
							<u> </u>					
	NAME (Type		iani, M.	D.		7620 Y	ork	Road, Bal	timore	a. Mo	d. 21	1204
-	3a BURIAL CREMATI	ON. 23b. DATE THE	DENE # 1 or	3c. NAME OF CEMETER	Y OP /			LOCATION (City or T		(County)		
l "	REMOVAL (Specify)	1			! .		TO CHILOR (CITY OF I	uwii)	(county)	(2)	tate)
H	II. P. Lust	11-2-6	7	jandens of	ro	rith (emeter		CTDAD 2ct	REGISTRAR S	CICMATUR	L	
	24. FUNERAL DIRECTO	'il'en Inc	-11-0	ADDRESS	.2/	2So. RECI			Clim			
1	C 17	= H - ERC + RC	* - CE ,	20 20 1 0	to F	PATRICE!	17 67	1467	LUCIA	ZBL4 VL	ALCOHOL:	

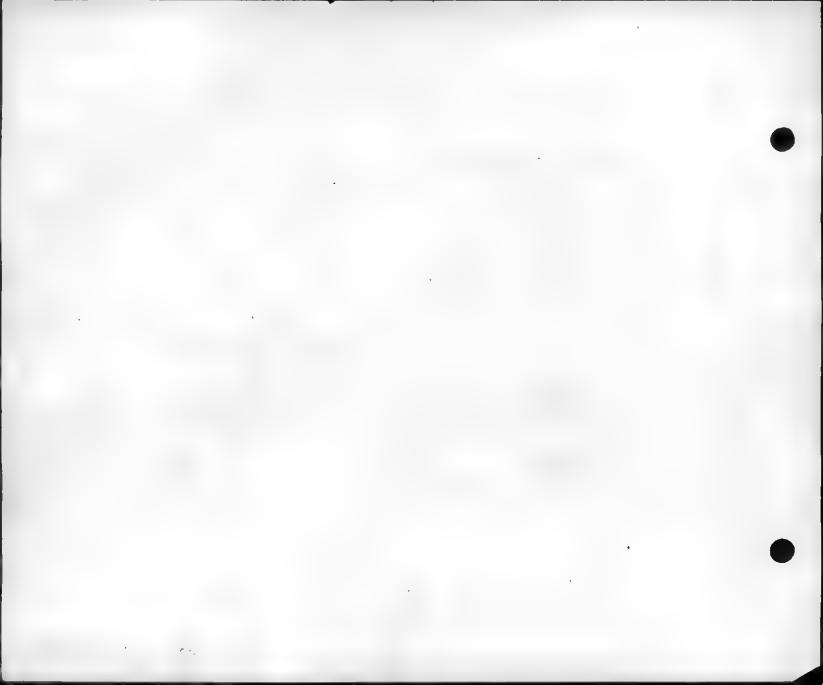


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

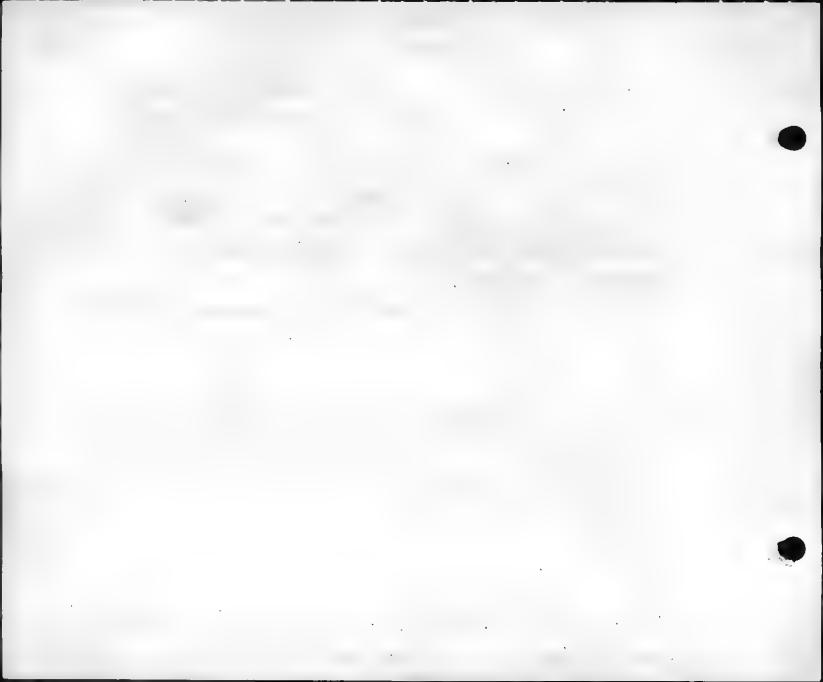
18620	CERTIFICATE	OF DEATH		700%0
1 PLACE OF DEATH 0 COUNTY		2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUNT	n: Residence before admission)
° Baltimore	MARYLAND	m	arvland	Batt. City
b CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 15	c CITY OR TOWN (If out	tside Lorporate limits, write RURA	L and give nearest town
write RURAL and give nearest town) Mount Wilson	1142 days	13al	timore 2	1223
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital	al, give street address)	d. STREET ADDRESS	10 4	e. IS RESIDENCE ON A FARM?
Mount Wilson State Hospi		3118	W. SAYATOG	
3. NAME OF DECEASED (Type or print) CLATENCE	Edward.	Smith	4. DATE Mofith OF DEATH 6	f 21 1967
S. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE		B. DATE OF BIRTH 0 -4 - 0 2	9. AGE (In years last birthdoy) yrs	Months Days Hours Min
	KIND OF BUSINESS OR	11 BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	INDUSTRY	mar	Vand	uSA
13. FATHER'S NAME	- (1	14. MOTHER'S MAIDEN N	KME -	
John In	ith	m	ary Jones	•
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17.	NFORMANT	Addres	S
(Yes, no, or unknown) (If yes give war or dates of service)	220-09-0981 Rec	ords at Mt.	Wilson State	Hoenital
IB. CAUSE OF DEATH (Enter only one couse per line			-	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Wat A Wan or	and the	Tudient ac	ONSET AND DEATH
DUE TO	Macaache	1 inta	101-	b 2 14 15
Conditions, if ony, which gove) (b)	1000100	~ /// /		2-3 123
rise to immediate couse (a), (DUE TO	Mercople	when 42	an dises	C 1.13
stoting the underlying couse	YPOULSON	200	out and	7 900
PARY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in I	Part 1 or Port II of Item 18)	
20c. TIME OF INJURY Month, Day, Year 20c		CE OF INJURY (Home, form		(County) (State)
Hour o.m. W	hile Nat While I for	tory, street, office bldg , etc.)		
21. I certify that (I) (this haspital) att	ended the deceased fram	4-12 1	967, to 10-2	1, 1967, that (I) (we) las
saw the deceased alive an 10-3		t death accurred at	5 45 M, fram causes a	nd an the date stated above
220. SIGNATURE	7.	ATTENDING	MED STAFF	22b. DATE SIGNED
1. Mercomer	M.	D PHYS	DIRECTOR PHYS L	1 10-21-67
22c PHYSICIANS	M D	22d. ADDRESS	***	,
NAME (Type) William Newcome	r, m.u.	Mount_	Wilson, Maryla	nd
230 BURIAL, CREMATION, 23b. DATE THEREOF 10-21-6	7 23c NAME OF CEMETERY OR	CREMATORY DURN	BA HO	(County) (Stote)
24. FÜNERAL DIRECTOR	ADDRESS	1	- 4007 /1/	GISTRAR'S SIGNATURE
MORTON + DUET	1701 LAUREI	VS DATE OC	T 24 1967 /	marin Just

× 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withth 24 homes after death. Page 4 may be retained by the haspital ar attending physician.

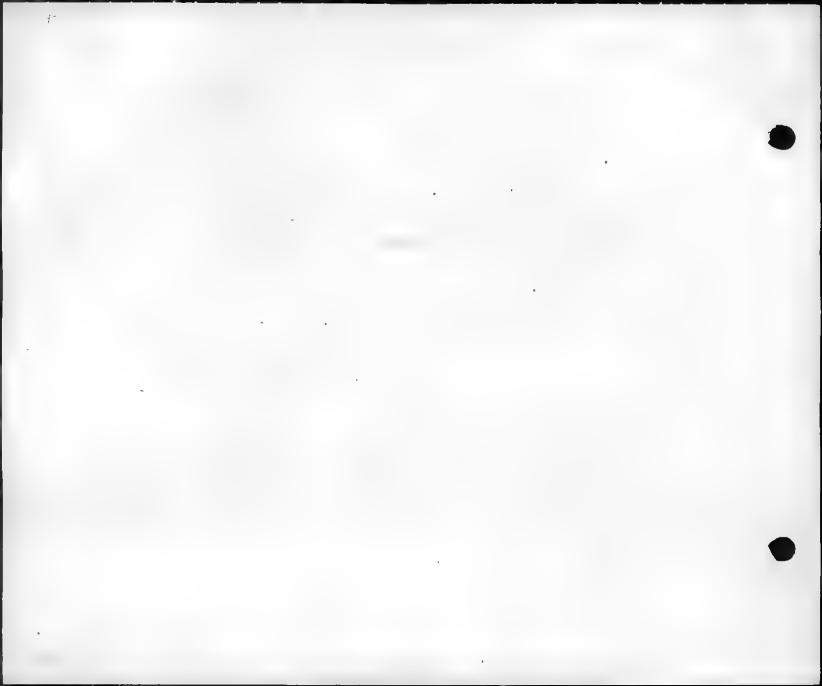
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND -00 V K FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DERT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTAL b. govnty a. STATE MARYLANO ecessary, te funeral partment er death. b. CITY OR TOWN (if outside corporate limits, write; RURAL and give nearest town) c. CITY OR TOWN (It outside, corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Пау to the 1 INSTITUTION (if not in hospital, give street eddress) ADDRESS e. IS RESIDENCE ON A FARM? No 7 NAME DE Middle Last 4. DATE Month Year DECFASED DEATH OCH (Type or print) with 5. SEX DATE OF BIRTH (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO thdey) Months NE WIDOWEO DIVORCEÓ event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) pages 1 in any e File pand (Yes, no or unkown) ((If yes give war or dates of service) permit. I CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) **DUE TO** edica Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the 60 used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO Z 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [3 should lagent, pri CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) the certificate, 4 should be forv factory, street, office bldg., etc.) Hour a.m. While Not While IRECTOR: Page its designated a at work 19 at work inspection [4 21. I certify that I took charge of the remains described above, held an Autonsy inquiry and in my opinion DIRECTOR: Undetermined manner death resulted from: Suicide Homicide Natural causes Accident CHIEF MEDICAL EXAMINER for your Page DATE SIGNED SIGNATUR 5 FUNERAL f Health ou DEPUTY MEDICAL EXAMINER EXAMINER'S director. retained Address (Street, city, town, or county) BURIAL, CREMATION, NAME OF CEMETERALOR CREMATORA LOCATION (CIty, town or county) / (Stete) jo 2 VR A15ME 3500 4-64

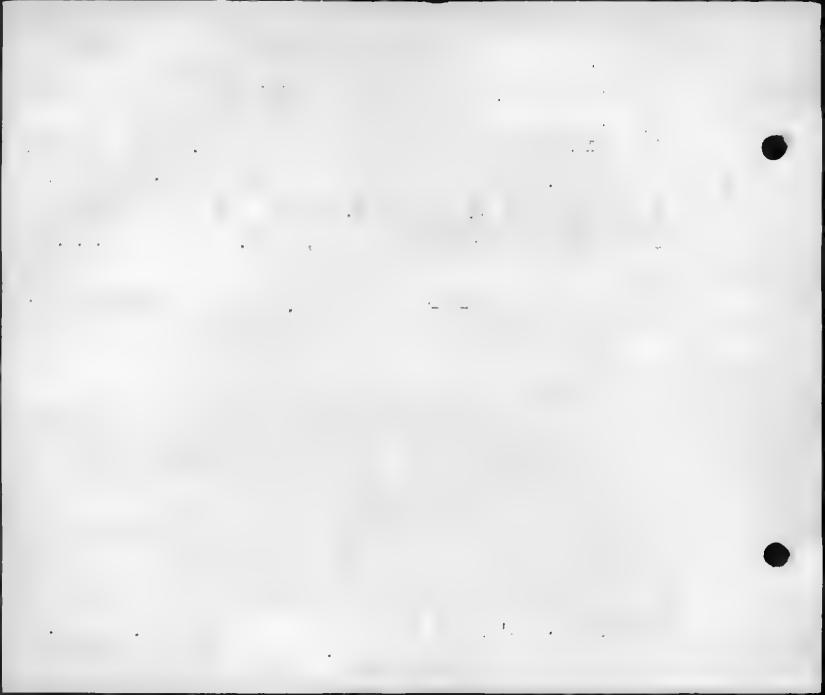


MARYLAND STATE DEPARTMENT OF HEALTH REEL BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitution Residence before admission) I. PLACE OF DEATH b. COUNTY n COUNTY a. STATE altimore Baltimore MARYLAND c CITY OR TOWN (If autiside carparate limits, write RURAL and give nearest town) delay b CITY OR TOWN (If outside corparate limits, c LENGTH OF STAY IN 1b P.M3 write RURAL and give nearest town) Towson d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO 50 St. Joseph's Hospital Pages Breezewick Circl This certificate should be executed within 24 hours after death 4 DATE 3. NAME OF M ddle Last DECEASED 10 28 19 67 DEATH (Type or print) Herman e, writing the ward "pending" in pencil in Item 18. Giv forwarded to the Chief Medical Examiner's Office alang AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 8. DATE OF BRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED last bythday) Months Days 9-20-1912 event within 72 hours after death WIDOWED DIVORCED Male Ca Cau permit. File pages 1 and 2 12 C TIZEN OF WHAT 11 B RTHPLACE (State or foreign country) 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST: Ellicott COUNTRY? during most of working life, even if retired) Forman Baltimore Maryland
14 MOTHER'S MAIDEN NAME Elicat Machine 13. FATHER'S NAME Ira M. Smith 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY_NO (Yes, na, ar unknown) (If yes give war ar dates at service Mrs Domis 18 CAUSE OF DEATH (Enter only one couse per me for (a) (b), and (c) DNSET AND burial-transit PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO dΠÿ Conditions, if any, which gave nse ta immediate cause (a), DHE TO stating the underlying cause and WAS AUTOPSY PART I OTHER SIGN EIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 'emoval, PERFORMED? CERTIFICATION shauld ne 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 3 should crematian, ar PRIMARY I or CONTRIBUTING I LAL EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg. etc.) Hour a.m. Not While FUNERAL DIRECTOR: Page at work Page at wark 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection and in my apinian Induity Undetermined manner Acc dent Hamicide funeral directar death resulted Natural causes Suic de L CHIEF MEDICAL EXAMINER 27. DATE SIGNED ACTUAL ASSISTANT MED CA. EXAMINER prior pe DEPUTY MEDICAL EXAM NER **EXAMINER'S** 5 may 1 70 FUNEI Health Charles OiD onnell. M.D. Address (Street, city, tawn, or county) NAME (Type) the 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Fork Meth Cemeyery Fork Duri al 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) 1947 6M 1/67



	DIVISION 13623	OF STATISTICA	L RESEAR	CERTIFIC			RESTON :	STREET, B	ALTIMORE	i, maryi	and 629
	PLACE OF DEAT	н			2.	USUAL RE	SIDENCE (Where decesses	I lived, If institution	ni Residence I	perfore edmission)
		ltimore		MARYLA	LINID	B. STATE	Mđ.		b. COUNTY	Balti	
	Write KUKAL and	if outside corporate limit digiva nearest town)	ts, c.	LENGTH OF STAY	IN 1b			side corporate l	imits, write RURAL	and give nee	rest town)
	Arbut	ITAL OR INSTITUTION (if and in honois			APK d STREET A	nutus				IS RESIDENCE
	4477		venue	, give steet address)	4477		ns Av	_		ON A FARM?
3.	NAME OF	First	. Olido	Middle		Lest	-	DATE	Month .	Dev	LES WONT
	DECEASED (Type or print)		Smith.	Middle		6011		OF DEATH	Oct.		, 1967
S.	SEX	6. COLOR OR RACE		NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE	(In yeers IF UND		UNDER 24 HRS.
	F	White	WIDOWE	7.	_ Oct	. 28,	1870	96	birthday) Month	s Days I	lours Min.
10a do	ne during most of wi	MON (Give kind of work orking life, even if retire	d)	of Business or in at home	IDUSTRY 11		Penr	Stele, or foreig	n country) 12.		S.A.
13.	FATHER'S NAME	POT CDD		TOME	1 14		MAIDEN NAM	1 14		W # 2	J + 11.
		as Mohr				Rosenk					
15.	WAS DECEASED BY	ER IN U.S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO.			0	•	^d//7/7 7	intel 3 leas	
l IT «	NO NO	lfyes give wer or dates of s	^{ervice} 220	0-07-765	la F	Ethel	M.Fre	chett	e 441 Ar	butus	ns Ave.
	IB. CAUSE OF	DEATH [Enter only one	cause per line	for (e), (b), end (c).]		~ .				INTER	AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY.	arti	rioseler	colie	Cel	1. Ne	diam	_	ONSE	S Seen
	4	DUE TO		_			_				
	Conditions, if en	y, which 7 (b)									
	geve rise to immad	liate ceuse									
	(a), stating the u	(c)									
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH E	BUT NOT RE	LATED TO TH	E TERMINAL I	DISEASE COND	TION GIVEN IN	ART 1(a) 19 YES	PERFORMED?
FIRE	200. ACCIDENT W	AS UNDERLYING	20b. DESCRI	BE HOW INJURY OC	CURED. (Ent	ar neture of i	njury in Part I	or Part L of ite	m 18)		
1 .	OR CONTRIBUTING	CAUSE OF DEATH									
MEDICAL	20c TIME OF INJU	JRY Month, Day, Ye			De. PLACE C	FINJURY (Hottree), office b	ome, farm, 1 2	Of. (City or to	wn) [County	(Stete)
WED	Hour e.m.	19	While of work	Not While at work	naciony, i	inder, dilice d					
	21. I certify	that (I) (this hospi				Ky	- 30		34		
		sed alive on CK	X 24	19.6.7., and	that dea	ath occure	d al. G la. A	A, from the	causes and c	etab ent n	
	22 SIGNATURE	# ()	0	1		ATTENDING	MED		AFF		22b. DATE SIGNED
	plin	- 1.	alak	eru	MD.	PHYS.	DIREC	TOR PH	Y5.		1924/67
	22c PHYSIC AN'S NAME (Type		F. Co	OLAHA	N.H.I	22d. ADDR.	is Wi	LKE	US AV	5-2	1229
238	BURIAL, CREMAT	TON, 236. DATE THE	EOF 2	c. NAME OF CEM	ETERY OR C	REMATORY	23	d. LOCATION	[City, town or co	ounty)	(State)
L	Buris	11 Oct. 2	27, 67	Oak La	wn Ce	metei			more Co		Md
24	FUNERAL DIRECTO		Pra	LL&STITE	ker 8	340		Y REGISTRAR	256. REGISTRAI	are y	E and the
1	rane M.	Walters	- B,	lltimore	City	7	PATE DET	24 19	D1 /	arus y	=

MARYLAND STATE DEPARTMENT OF HEALTH



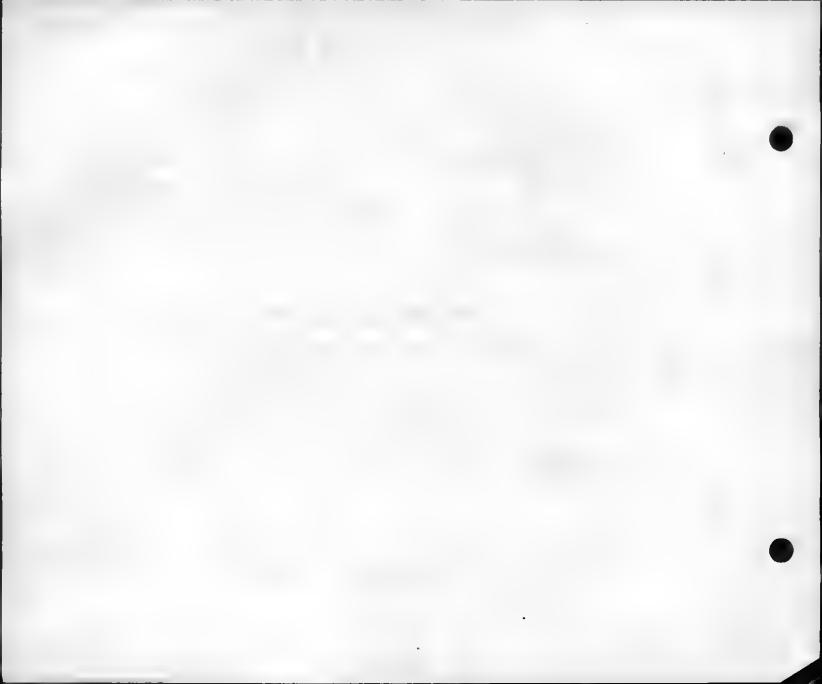
The law requires that the death certificate be executed within 24 hours ofter death a COUNTY 3. NAME OF male ar remayal,

2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. STATE b. COUNTY MARYLAND Maryland Baltimore c CITY OR TOWN (If outside corporate +mits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) L tength of stay in 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Baldwin e IS RES DENCE ON A FARM? d. STREET ADDRESS Baldwin Mill Road Dulaney Towson Nursing Home 4 DATE DECEASED (Type or print) DEATH Smith Merritt 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) WIDOWED X DIVORCED July 29, 1881 white 86 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY **COUNTRY?** Pt. Deposit, Maryland
14 MOTHER'S MAIDEN NAME U.S.A. U.S. Gov. Postmaster 13. FATHER'S NAME Joanne Dixon Truman Smith 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Dulaney Towson Nursing Home, 111 West Road INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH oromary occussion_ IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part it of item 8) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INSURY OCCURRED 20e, PLACE OF INJURY (home, form, 20f (City or fown) (County) (State) 28c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) 21 | certify that (I) (this haspital) attended the deceased from Solenber = 1965, ta 16-11- , 1967, that (I) (we) last saw the deceased alive an 10-10 - 1967, and that death accurred at 8 45 M, from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE leaves on & Gerble 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMATION. (State)

250 REC'D BY REGISTRAR

Page 4 may be retained by the haspit Page 4 may be retained by the haspit of the haspit page 3 shauld be detached shauld be filed with the State Dept. of

REMOVALISpecify)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

signed by the attending physician burial-trainsit permit. Then please burial, cremation, ar removal, and has been DIRECTOR: After this certificate TO FUNERAL

urs after death

executed within 24 ha

requires that the death certificate be

OR ATTENDING PHYSICIAN:

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 Davs NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? 3 NAME OF Year DECEASED (Type or pnnt) 1961 NEVER MARRIED 7. MARRIED Months WIDOWED DIVORCED | 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired)

None INDUSTRY COUNTRY? None 13. FATHER'S NAME UK######## Rachel Corsin 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no ar unknawn) (If yes give war ar dates of service 213-36-3403 Henry W. Jones, Same as # 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave) rise ta immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour am. foctory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram 10, 7, 67, ta 18, 4, 1967, that (I) (we) last saw the deceased give an 10, 13, 6, 19, ..., and that death accurred at 3, M, fram causes and an the date stated above. 22b. DATE SIGNED ATTENDING PHYS 10.14.67 directar, page 3 shauld be filed v 22d. ADDRESS Greater Battimore Mixed Centre 230. BURIAL, CREMATION, REMOVAL (Specify) Burlai 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) Oct.16, 1967 Meadowridge Cemetery Dorsey, Howard Co., Maryland 24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road
Towson, Maryland 25a. REC'D RY REGISTRAR 9675 REGISTRAR S SIGNATURE

YR A15 (4)

7 7-

LEVINSON & BROS. INC., 6010 REISTERSTOWN ROAD DATE OCT

law requires that the death certificate be executed

TO FUNERAL

VR A15

25M 1/

directar, shauld b 13632

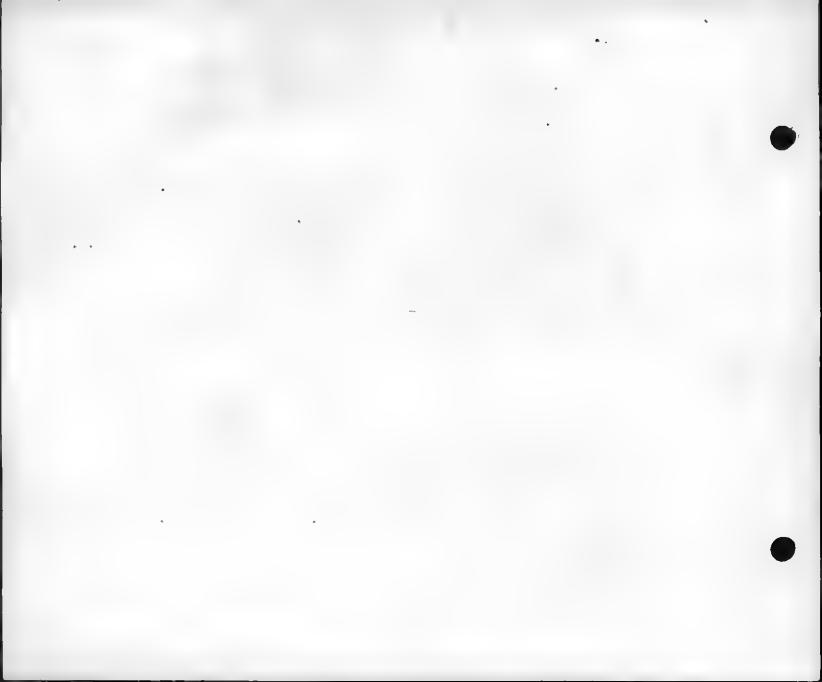
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 12yr5mthlldys Catonsville Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4014 SPRING **GROVE** STATE HOSPITAL NAME OF Middle First 4 DATE DECEASED MXXXXXXXX Sofronsky October Rose 67 DEATH 6. COLDR DR RACE B. DATE OF BIRTH 9. AGE (in years IF UNDER IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthdoy) Sept. 1900 female white DIVDREED X WIDOWED 10o. USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? Russia 13. FATHER'S NAME RABBI MENACHUM N. WEISBLATT 14. MOTHER'S MAIDEN NAME Hannah XXXXXX ? WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY Terminal i Terminal ileitis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (C.*y or town) (County) (State) Hour am. factory, street, affice bldg, etc.) Oct. 23 1967, that (X) (we) last 220 SIGNATURE 22b. DATE SIGNED MED 30 10-23-67 22d ADDRESS SPIKING GROVE STATE HUSPITAL NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify)
BURIAL 102 10-24-67 OHR KNESSETH ISRAEL ANSHE SFARD, BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR 25g. REC D BY REG STRAR 25b. REGISTRAR S S GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before odm.ssion) o. county Baltimore, County b. COUNTRAIL imere MARYLAND Marvland b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) hours Catonsville.Md. 21228 4104 Mountwood Road **INVIICIAN:** The law requires that the deoth certificate be executed within 24 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO ... Spring Grove State Hospital 3 NAME OF 4 DATE 1ast Manth DECEASED (Type or pnnt) Dallas Southworth DEATH Oct. S SEX AGE (In years 1E LINDER 1 YEAR IF HINDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH Months last birthday) Days Hours WIDOWED DIVORCED Nov.25.1885 Male White 10a USLAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT convists. - Self Battery man Ohio 14. MOTHER'S MAIDEN NAME or removol, UCRETTA 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service 216-10-8770 Spring Grove Records 18. CAUSE OF DEATH (Enter only one cause per line_for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Scheros & Ca Lung & Brun Metold Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF thousey Month, Day, Year 20d INTURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from Sept. 14 deceased from Sept. 14 , 19 67, to Oct. 8 , 19 67 that (1) (we) last 19 67, and that death accurred at 7 PM, from causes and on the date stated above. saw the deceased alive an-TO FUNERAL DIRECTOR: 22a SIGNATURE M.D. director, page 22d, ADDRESS 22c. PHYSICIAN S Spring Grove State Hospital 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT ON, 23d LOCATION (City or Town) (County) 25a. REC'D 8Y REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 JOHN TISTANS BURY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13634 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deatl PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Md. Balto. MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) vears Carney Carney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 2410 Harwood Road 2410 Harwood Rd. YES THO K 3 NAME OF First Middle Los1 DATE Manth DECEASED camplete (Type or print) H. Spence DEATH Edward 0ct p 9 AGE (In years IF UNDER 24 HRS 5 SEX IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost pirthday) Months Days Hours Oct. 15. WIDOWED DIVORCED 100 US JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CTIZEN OF WHAT during most of working life, even if retired) physician on please INDUSTRY COUNTRY Penn. Lithographer
13 FATHER'S NAME Printing 14 MOTHER'S MAIDEN NAME Edward Spence Margaret Cahili 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war of dotes of service) 93-18-8619 Virginia Spence Same IB. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) TOU I DUF TO Candificans, if any, which gave : nse to immediate couse (a), DUE TO storing the underlying couse ۵ has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES -NO this certificate detached far us 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. I.ME OF NJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour a.m. factory, street, office bldg, etc.) ot wark ot wark 21. I certify that (1) (this hospital) attended the deceased fram, be retained 1967, and that death accurred at 2 34 M, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNASURE 22b. DATE SIGNED M.D director, page shauld be filed 22d. ADDRESS O HOSPITAL 2802 23c NAME OF CEMETERY OR CREMATORY

7 Moreland Memorial 23d LOCAT ON (City or Town) Baltimore Maryland 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F. Evans & Son 8802 Harford Road 1967 DAGCT



1	MARYLAND STATE DEPARTMENT OF HEALTH	
Janes .	, , , , , , , , , , , , , , , , , , , ,	E 1, MARYLAND
- (3-7)	CERTIFICATE OF DEATH	13635
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R A BEC	saw the deceased alive on	on the date stated above,
3 5 5	Rolando A. Madamba MD ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	16 30 SIGNED
RA RA /ith	22c. PHYSICIAN'S () , 22d. ADDRESS	1
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HOS HOS irector, irector, filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county)// (Slate)
B B [V][1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D BY REGISTRAR 1256 REGISTR	12 /te Cu /111/
VR A15 (4) 15M 7/61	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGI	AK S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY p. STATE Balto. Baltimore MARYLAMO b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baldwin e S RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Allison Manor YES St. Joseph's Hosp Dr. Carroll NO. NAME OF Middle Lost DATE Year First DECEASED 19 67 STUDZ Oct. **FDWARD** DEATH (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours DIVOR CED WIDOWED 12 (IT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done al Estate USUNTRY? during most of working life, even if retired) Ims. Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bertha Rybicki Studz Karol 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-30-4094 Family Records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) {County) TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour c.m. Not While of work p.m. 19 6), that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased glive on 1900, and t and that death occurred at 11 1 M, from couses and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 00 MM PHYS DIRECTOR 22d ADDRESS PHYSICIAN'S NAME (Type) HOWARD GOODMAN M.D. 8604 Harford road 230 BUR AL, CREMATION, REMOVAL (Specify) Burial 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) John's Long Balto Co Md. Green 25o. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

& SON 8802 Harford road

24, hours after death

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IO FUNIRAL DIRECTOR: After this certificate

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TO NOSPITAL

director, page 3 should be de should be filed with the State

Dept. of Health prior to

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

be retained by the hospital or ottending physician



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) PLACE OF DEATH a. COUNTY a STATE b COUNTY 2, and 3 to PM3. Page BALTIMORE MARYLAND MARYLAND b CIY OR TOWN (If outside corporate I m ts. c LENGTH OF STAY N 1b c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RALTIMORE 3 NA 75 TOWSON d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? JOSEPH HOSPITAL BELA IR YES NO DX Give Pages be forwarded to the Chief Medical Examiner's Office along with NAME OF Middle 4. DATE Year DECEASED 541155 JOSEPH OCT 1967 DEATH (Type or print) 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED b thday) Months WIDOWED in ony event within 72 hours ofter deoth 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working ite, even if refired) INDUSTRY GROCER ETICED GERMANY 13 FATHERS NAME 14 MOTHER'S MAJDEN NAME SWIECZ KOWSKY JOSEPHINE JOSEPH burial-transit permit, File IS WAS DECEASED EVER NUS. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 6232 BELAIR 1B. CAUSE OF DEATH (Enter only one cause per line for to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 9000 writing the word Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse WAS AL 3 should be used cremation, or removal, PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASI CONDITION G YEN IN PART 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of incry in Part of Part I of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 20e PLACE OF INJURY (Home, for 20c TIME OF INJURY Manth, Day Neor Whe at wark may be retoined for your FUNERAL DIRECTOR: Page 21 I certify that took charge of the remains described above, held an Autopsy Inspect on the funeral director. P 5 may be retoined to TO FUNERAL DIRECTOR Health prior to buriol, Natural Causes_ Suicide F7 Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER [77] Charles F. O'Donnell, M.D. NAME (Type) Address (Street, city, tawn, or county) 23d LOCATION (City or Town) GERMAN HILL CEM BUR /A VR A15ME (5) PREL BRUS INC 7110 BELAIR 6M 1/67

funeral and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in the incomparation of director, page 3 should be detached for use as the burial-transit permit. Then please remove carb in pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4)

	MARYLAND STATE DEPARTMENT OF HEALTH	-
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	
13532	CERTIFICATE OF DEATH	13638
PLACE OF OFATR	U. 2. HOURI DECLOPAGE (Min. J.	ad Grant 16 Institutions Desidence hade

1.		Н			2. USUAL RESIDENCE	E (Where deceased live	ed, If instituti	on: Residence	before admission)
	a. COUNTY	Baltimor		MARYLAND	a. STATE	land	b, COUNTY F	loward	1
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	Catomsvil	le			Ellic	ott City			
	d. NAME OF HOS	SPITAL OR INSTIT	IUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			6	ON A FARM?
	7 7 7	Nursing			127 Chur	ch Rd.		1	YES NO X
] 3.	NAME OF DECEASED		First	Middle	Last	4. OATE OF	Month	Oay	Year
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		6. COLOR OR R	1. MARKITS	ALTER MARKED	8. OATE OF BIRTH	9. AGE (It	n years IFU! rthday) Mon	ths Days	Hours Min.
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13	B. FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME			
	Theo E.				Emma U	mstead			
11	5. WAS DECEASED (es, no, or unknown)	EVER IN U.S. ARME	ED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
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				ine for (a), (b), and (c).1,	. /	1 1			RVAL BETWEEN
	PART I. DE	EATH WAS CAUSE IMMEDIATE CA		unhered 1/4	sille (Hlenno		UNS	ET ANO DEATH
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	gave rise to cause (a), si	Immediate	DUE TO				-		1
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CERTIFICATION								YES	PERFORMED?
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	(IF EITHER, NO	NG CAUSE OF TIFY MEDICAL EX	AMINER)						
CAL		NJURY Month, C	Day, Year 20d. []	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or t	(own)	(County)	(State)
MEDICAL	Hour a,n		While at work	- MOT MUHE	ry, street, office bldg., e	(C.)			
[21. I certif	v that (I) (this	hospital) attende	ed the deceased from	4-14 19	6/ to 10	24 1	967th	at (i) we) last
	saw the dec	eased alive on	10.23	$\frac{19}{2}$ and that	death occurred at 3	A.M. from the o			
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	22c. PHYSICIA NAME (Ty	N'S	2/	/ / /	22d_ADDREGS	01-2	7		
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23	BURIAL, CREM	(uhlau)	TE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION			(State)
	bur Lal		26/67	St Johns		Ellicot	c City,	Md.	
24	HINERAL DIRE	CTOP I Pom	ek	ADDRESS		D BY REGISTRAR 2			ATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	spirat or institution (if not in tt Nursing Hon		d. STREET ADDRESS 1814 Co	olonial nd.	e IS RESIDENCE ON A FARMS YES NO					
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13 FATHER'S NAM	Herman Bennett		14 MOTHER'S MAI	den name Izabeth Saffrai	n					
	EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURITY NO.	17. INFORMANT Eliza 1814	abeth Thalheime Colonial Rd	Address 9°					
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saw the	21. I certify that (I) (this hospital) attended the deceased fram [Invary 30, 1963, to october 1967, that (I) (we) las saw the deceased alive an October 9 1967, and that death occurred at 355M, fram causes of an the date stated above									
3 7 3732	luin M. 6	Borden	M.D ATTENDING E	MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED /0/10/67					
22c. PHYSICIA NAME (T	ype) Melvin M	Borden, M. D.	5000	O Baltimore Na						
230. BURIA., CREM REMOVAL (Sp Buria	(cify) 10/13/	67 New	Cathedral Cen		imore Ma.					
24. FUNERAL DIRI Witzl		ADDRESS L Edmondson Av.	250	RECD BY REGISTRAR 256	REGISTRAR'S SIGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completery killed in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event withing 72 hours after decide. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRES

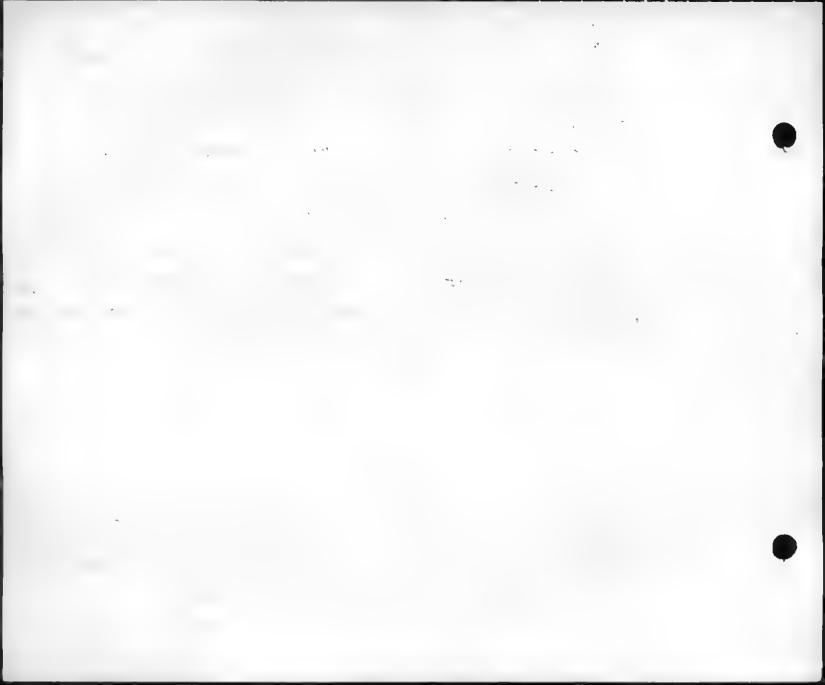
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MEDICAL EXAMINER FOR ST PLACE OF DEATH 2, and 3 to PM3. Page o. COUNTY ALTO e*Deportment of MARY.AND any deloy b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) ESS EX d NAME OF HOSP TAL OR INSTITUT ON (It not in hospital, give street address) EJ 00 pencil in Item 18 Give Pages executed with,n 24 hours after death. with permit. File pages 1 and 2 with the Star NAME OF DECEASED Midd e (Type or print) necessory, please execute the certificate. writing the word "pending" in pencil in Item 18 Giv, the funeral director. Page 4 shauld be forwarded to the Chief Medicol Examiner's Office along SEX 7 MARRIED Freeith prior to burial, cremotian, or removal, and in any event within 72 hours after death WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY buriol-tronsit IMMEDIATE CAUSE (b) necessory, please execute the certificate, writing the word Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 0.5 5 may be retained far yaur files.
TO FUNERAL DIRECTOR: Page 3 should be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200 EXTERNAL CAUSE WAS 20b DESCRI PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c I ME OF N. RY Month, Doy, Year Not While 19 21 I certify that I took charge of the remains described obove. Natura couses deoth resulted fram: ACTUAL SIGNATURE **EXAMINER'S** 6800 Mes Juensy Note of orking NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL, CREMATION 23d LOCATION (City or Town) REMOVAL (Spec fy)

BUR 16-2

24 FUNERAL DIRECTOR REC D BY REGISTRAR VR A15ME (5) J.G. CONNELLY 300 MACE 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12035	CERTIFICATE	OF DEATH		13641
		PLACE OF DEATH Balto,	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institution. Resi b COUNTY	idence befare admission)
		b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAL and	give nearest tawn)
	C	write RURAL and give peacest town)	do 842 6mo.	Rolling	esse m	d
		NAME O HOSPITAL OR INSTITUTION (If not	in haspital, give street address)	d. STREET ADDRESS	7/1-	e IS RESIDENCE
-	5	Masonic Hom	1.0 -	3603 Old	Uns to Rel	ON A FARM? YES NO F
		NAME OF Firs		Lost I 4. [DATE Manth	Day - Year
		DECEASED (Type or pent) CLAPIND	A LIS, T	HOMAS	DEATH Oct.	21 1967
	S. :	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	DER 1 YEAR IF JADER 24 HRS.
		FW	WIDOWED DIVORCED	June 13, 1881	last birthday) Manth	ns Days Haurs Min
		USUAL OCCUPAT ON (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stat	e, ar fareign country) 12	CIT ZEN OF WHAT
	auri	ng most of warking life, even if retired)	INDUSTRY Come	Balto M		COUNTRY?
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		70,7
		Horas S	eipp	Elizabeth	Moore	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give war ar dates af	1 SOCIAL SECURITY NO 17.	NFORMANY	Address	
	116	(If yes give war ar dates ar	214-03-5088 M	asonic Hom	Le Becordo	
		18. CAUSE OF DEATH (Enter only one coust		1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6	Recurrent Core	byvascute	nalludent	ONSET AND DEATH
		DUE T	0. 11/2 6/ 0	ort		
		Canditions, if any, which gave) (I	1 Steventer 30	nery		
	П	stating the underlying cause DUE T	03 M. Ptile Delin	betus willen		
		last.	1) 1/1 may a 1200			
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I	or Part II of item 18)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State)
		21 I certify that (I) (this hasp	ital) attended the deceased fram 🔏	m front /5, 196	100C+20,1	9 <u>6.7</u> , that (I) (we) last
			37. F.2. 0 1967, and tha	t death accurred at		
1		22a. SIGNATURE	1/10 1/1 40.	ATTENDING MED.	STAFF /	DATE SIGNED
	П	22c. PHYSICIANS	HAMED. MO M.	ATTENDING MED. O. PHYS. DIRECT	TOB 12/2 DIRECT /	921107
		NAME (Type) JAM SHI	D HAMED.	22d ADDRESS / 150/	VIC HOIME	(
	23a	BURIAL, CREMATION, 23b. DATE THER			3d. LOCATION CON BURNEY	(County) (State)
	A	REMOVAL (Specify) 10-23-	67 Messlaw	udge	CUX1-71-94	The My
	24	FUNERAL DIRECTOR	ADDRESS C	2Sa. REC'D BY R		- 0
	11	19 och - Ell och /x	The section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the se	HI A DATE OCT	2 C 1007 OTL	melan budal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

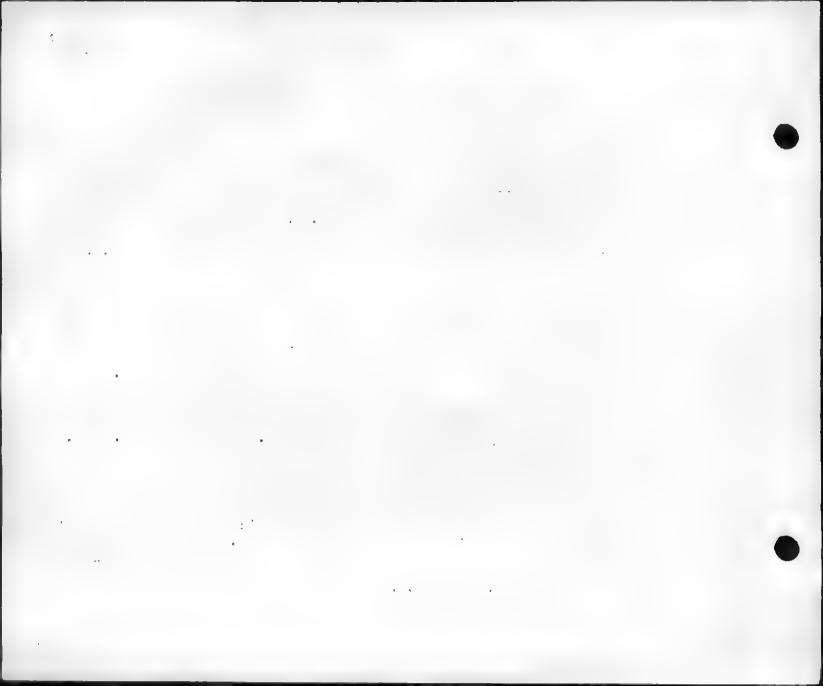
Page 4 may be retained by the haspital or attending physician.

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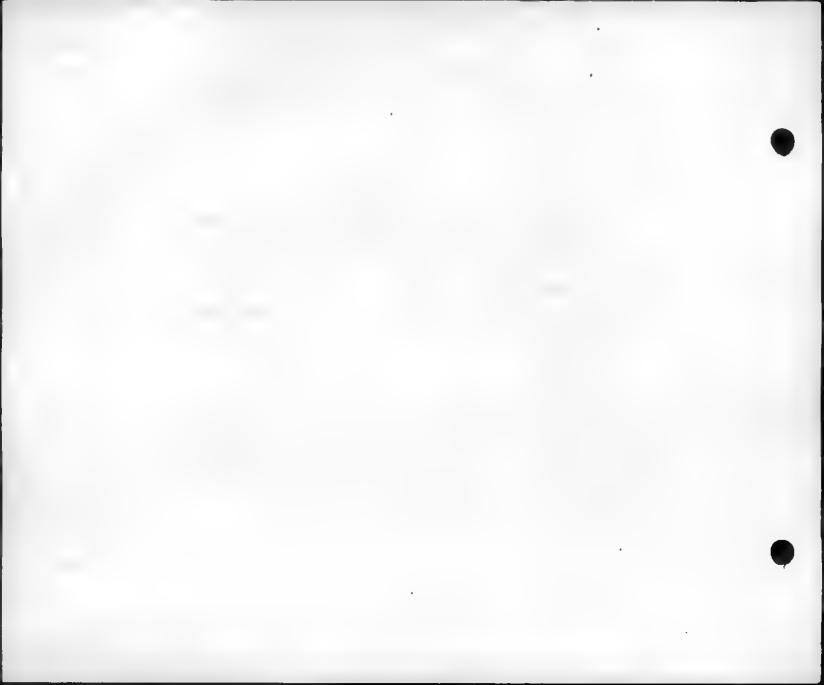
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1 PLACE OF DEATH									2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)								
	o. COUNTY Ba	1timore			N	MARYLAND		a STATE M	ary.	land		b. (O	אומע.			J	
	b. CITY OR TOWN (f outside corporate limits		(LENGTH OF ST	AY IN 16		c. CITY OR TOWN	l (If aut	s-de corpa	rate limi	ts, write R	URAs and giv	e negres	t tawn)		
L	write RURAL and	l give negrest town) Le Maryland	i		lyr6mt	y3dyr	5	Baltim	ore	City	#:	21230					
		AL OR INSTITUTION (If no		spital, give	street address)			d STREET ADDRE	SS		**		•••	T	e IS RESID		
5	Spring Gr	ove State I	lost	oital				1014 L	eade	nhal	1 5	treet				NO [
	NAME OF	Fir	st	·	Middle		=	Last		4. DATE		Mo	rth	Day	Yeo)f	
	DECEASED (Type or print)	Georg	zė.	1	llbert	Tho	ma	S		OF DEATI	Н	0c	tober	21	19	67	
5	SEX	6 COLOR OR RACE	7 MA	RRIFD	NEVER MAR		-	B. DATE OF BIRTH]		(In years	IF UNDER		IF UNDER		
N	(ale	Negro	WID	OWED 🔽	DIVO	RCED 🔲		Jan. 3,	1891	1	7	b rthdoy) 3 yrs.	Months	Days	Hours	Min	
		(G ve kind of work dane			OF BUSINESS O	R	_	11 BIRTHPLACE (foreign (ountry)		TIZEN OF			
	ing most of working Jnemploye			INDUS	IRY			Balt	imo	re, M	arv	land		OUNTRY?			
	FATHER'S NAME							14. MOTHER'S MA									
	Arron Th	omas						Mar	tha								
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	,		AL SECURITY N	0 1	7	NFORMANT				Add	1855				
(16	None	(If yes give war ar dates o	1 service	21	5-03-97	787 I	Re	cords:	Spr	ing G	rov	e Sta	te Ho	spit	al		
	1B. CAUSE OF D	ATH (Enter only one cau	se per	nne for (a).	(b), and (d)									INT	ERVAL BET		
PART I. DEATH WAS CAUSED BY Myocardial Infarction, diaphragmatic											S OUSEL AND DEATH						
	4201	DUE	TO														
	Conditions, if ony	which gove	$\Lambda_{(b)}$	rteri	oscle	roti	LC	cardio	ovas	cul	ar	Ht.	Dis.	10	year	rg	
	rise to immediat stating the unde		TO														
	last.)	(c)											1			
Z		GNIFICANT CONDITIONS CO												1 ' '	WAS AUTO PERFORM		
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CERTIFICATION	200, ACCIDENT WA	UNDERLYING []		205. DESCRI	BE HOW INJUR	Y OCCURRE	ED. (Enter nature of in	jury in P	ort I or Po	art II af	item 1B.)					
		MEDICAL EXAMINER)															
MEDICAL	20c TIME OF INJI	IRY Month, Day, Year			Y OCCURRED			E OF INJURY (Hom		20f	(City	or town)	(Co	unity)	(State)	
ME	1.d	10	1	While at work	Not While [그 '	TOCK	ory, street, office bid	ig , erc)								
	21. I certi	fy that (X) (this has eceased alive an_	pital)	attended	the deceas	ed fram		April 1	8,1	<u>) 66</u> <u>-</u> ,	to	Oct.	21,19	6/11	nat (#) (we) la:	
		eceased alive an	Oct	, 21	19_67	_, and t	hat	death accurre	ed at_	1 · A /	M, fra	m_couse:				abave	
	220. SIGNATURE	tul		/sin	- I	11/0		ATTENDING	_	MED.		STAFF		ATE SIGN			
		Municipal	19	guvi	27-11	-0-	M.C	PHYS.		DIRECTOR		PHYS. L		0-23			
	22c. PHYSICIAN'S NAME (Type	Anthony	J.	Young	M.D.			22d. ADDRES	mom	Sprir	ig G	rove	State 1228	Hos	pita	1	
22	DUDIAL COLUMN						20.0		TITOT								
230	BURIAL, CREMATIC PER VAL (Specify		C/	10 1	3c NAME OF	Um				23d t	2	(City or T	own)	(County) (2	tate)	
24	FUNERAL DIRECTO	0 10/5	0/(1	ADDRESS			0	RFC'D	BY REGIS	TRAR	25h 1	REGISTRAR'S	SIGNATUI	RF		
2	1 Ray	1128 11	201	1100	unla	nus		11	IBN (A)		196		Clean	-		P.,	
7	NOUNI	IV/ BUT- 10	9 '6	10.11	1	The Ca	7-	DAI	194 [[]	1 f. []) A //	- Continue	J-17		m) ~	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, n by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbor papers, Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withhere it had after deept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/86



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) \ Baltimore a STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Mount Wilson c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town BALTINIORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Mount Wilson State Hospital YES NO DZ 3. NAME OF DECEASED EMILY THOMPSON (Type or pnnt) DEATH 196.17 maures that the leath certificate be executed IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Months WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) COUNTRY? HOUSE WIFE Morris Hill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Records at Mount Wilson State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH FAR ADYANTED PU IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After ot wark L at work 21. I certify that (I) (this hospital) attended the deceased fram Uct. 26 , 1967, to Oct. 24, 1967, that (1) (we) last be retained director, page 3 should should be filed with the 19____, and that death occurred at 12.20 A.M. fram couses and on the date stated above. sow the deceased olive on_____ 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS Poge 4 may NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) **FUNERAL DIRECTOR** 25b. REGISTRAR'S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours ofter death PLACE OF DEATH a. COUNTY a STATE BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (If outside corporate inmits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b 9 DAYS BALTIMORE FORT HOWARDd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 524 GORSUCH AVENUE

13643 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO 3 NAME OF Middle 4 DATE Manth Year First Last. DECEASED **OCTOBER** 29 19 67 (Type or print) VINCENT JAMES JOSEPH TOR TORO DEATH X SEX AGE (in years 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH **NEVER MARRIED** last birthday) Months Haurs FBB. 27, 1899 MALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) TDa USJAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR COUNTRY? during mast of warking life, even if retired) INDUSTRY COBLESKILL, N.Y. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME AMTOINETTE TROTTEA BIAGIO TORTORO 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 218 32 28 85 CLINICAL RECORDS, VAH, WWI FT. YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) RECENTEATH PART I. DEATH WAS CAUSED BY PULMONARY CONGESTION AND EDEMA IMMEDIATE CAUSE (a) 2000 RECENT Conditions, if any, which gave BRONCHOPNEUMONIA rise to immediate cause (a). XIVI CO stating the underlying couse SCROTAL ABSCESSES, BILATERAL INCISED AND DRAINED last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? YES X ARTERIOSCLEROTIC HEART DISEASE NO CERTIFICATI 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part it of item 18) 20a ACC DENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, form (City or town) (County) 20c TIME OF INJURY Manth, Day, Year Haur 'a.m. factory, street, affice bldg., etc.) Nat While at wark , 19 67 , ta OCT 29 . 1967 , that Of (we) last 21. I certify that N (this haspital) attended the deceased fram OCT 10 19.67, and that death accurred at 6:05AM, fram causes and on the date stated above. saw the deceased alive an OCT 29 226 DATE SIGNED 220 SIGNATURE 10/30/67 DIRECTOR PHYS. 22d ADDRESS VAH FORT HOWARD, MARYLAND ELFATRICK GEORGE C. 23a. BJRIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE THEREOF (County) BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR 25h./ \$ 5 5 5 6 4 8

EDMONDSON AVENUE

TO FUNERAL DIRECTOR: director, page should be filed O HOSPITAL

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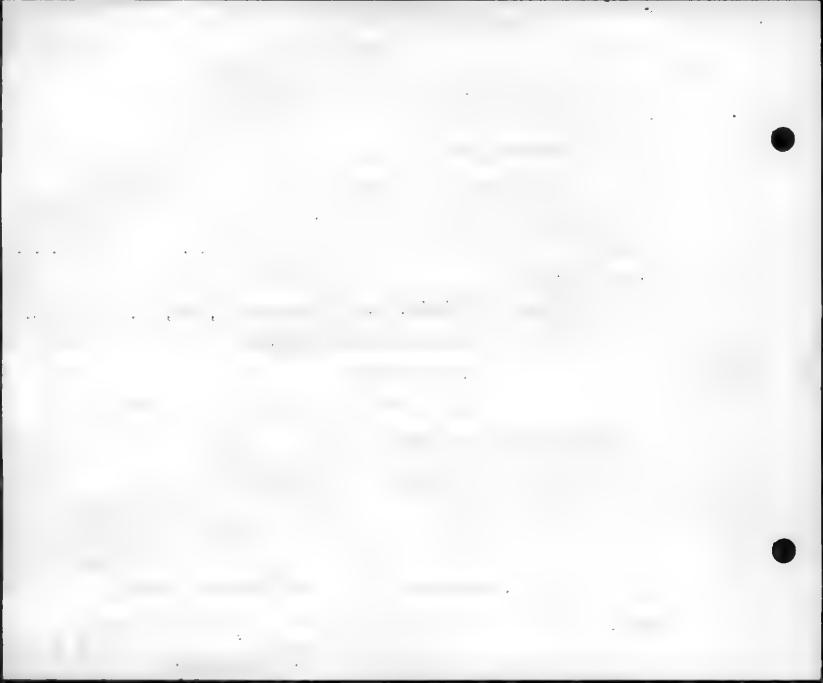
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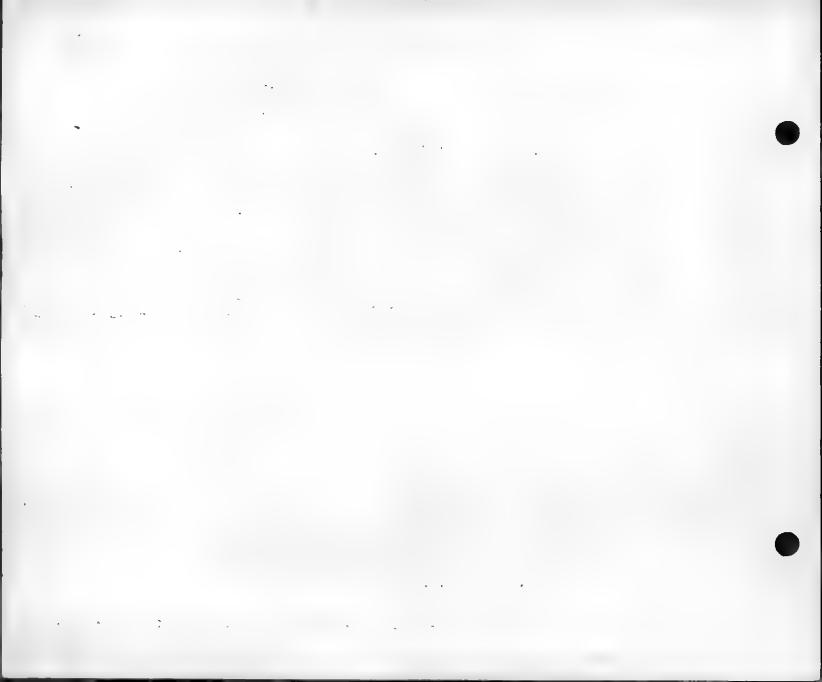
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The law requires that the death certificate be executed





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.3645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND fment b (ITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Essex c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 , 2, c. PM3. Baltimore e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (f not n haspita, give street address) d STREET ADDRESS alang with farm arted Sue Avenue - S. of Turkey Point Rd. 1632_N._Bond St n Item 18. Give Pages YES NO NAME OF 4 DATE Month DECEASED **GUY** (Type or print) TUCKER October 30 DEATH pages 1 and 2 with S. SEX 6 COLOR OR RACE AGE (In years IF JNDER 1 YEAR 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost birthday) Months 72 haurs after death Ma 1e Negro WIDOWED 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life avenut retired) COUNTRY? Chaut 13 FATHER'S NAME penci 14 MOTHER S MAIDEN MAME File WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO ward pending I no, or unknown) (It yes give wer or dates of service event within 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b) and (c), burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Gunshot Wound of Head IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove rise to immediate couse (a), .= DUE TO stoting the underlying couse lost. nsed remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 19 WAS AUTOPSY PERFORMED? NO þe 200 EXTERNAL CAUSE WAS PRIMARY (A) OF CONTRIBUTING 20b DESCRIBE HOW NUTRY OCCURRED (Enter noture of plury in Port I or Port II of Item 18.) 3 shauld cremation, or CAUSE OF DEATH Apparently shot during robbery 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form 20c T ME OF INJURY Month Dov. Year 20t (City or town) (County) (Stote) factory, street, office b dg , etc) Street UNK 0m 10/30/679 White K Not While [] may be retained for your FUNERAL DIRECTOR: Page Baltimore, Md. 21. I certify that I taak charge of the remains described above, held an Autapsy KX. Inquity . Inspection . and in my ap n an deoth resusted from: Natura causes . Accident ... Suicide . Hamicide fune**ral** di**re**ctar. Undetermined manner CHIEF MEDICAL EXAMINER ealth prior to 22. DATE SIGNED 10/31/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Spi NAME (Type) Address (Street, city town, or county) 230 BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 250 RECD BY REGISTRAR 196 24. FUNERAL DIRECTO VR A15ME 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1364	Ji.		CERTIF	CATE	OF DEATH			1	36	142	
	PLACE OF DEATH COUNTY	DATE OF B			- 1	2 USUAL RESIDENCE (Who o. STATE		l kved, if institut b. COU	ion, Residenc	e before	odmissio	n)
_	L CITY OR TOWN (BALTIMORE If outside corporate imit	ha.	MARY c. LENGTH OF STAY II	- 1		YLAND	l	nat - 1			`
	write RURAL one	give negrest town) HOWARD	15,	86 DAYS	· ID	CITY OR TOWN (If outse			KAL and give	neorest	lown)	
		AL OR INSTITUTION (IF I	at in basnital			d STREET ADDRESS	TIMORE	<u> </u>		1 0	-IS RESID	ENEE
		ADMINISTR.		,		5207 IVANHO	OEP ATEE	יבוווגי			ON A FA	RM?
	NAME OF		irst	Middle	R_		DATE	Mon	th	Doy	Yeo	
	DECEASED (Type or print)	WIL	LIAM	CHRISTOP		VALENTINE	OF DEATH		DEER	15	195	7
5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (In years Jast birthday)	IF UNDER 1	YEAR Days	IF UNDER	24 HRS
	MALE	WHITE	WIDOWED	DIVORCED		10/23/98		od yrs				14(1)
10o dun	USUAL OCCUPATION na most of working	(Give kind of work done life, even if retired)		IND OF BUSINESS OR		11 BIRTHPLACE (County & S	tate, or fore	gn country)		IZEN OF JNTRY ?	WHAT	
	ng most of working BUTCHER		N	EAT T		BALTIMORE		CLAND		S.A.	1	
13.	FATHER'S NAME					4. MOTHER'S MAIDEN NAI						
10	CONRAD V	ALENTINE RINUS ARMED FORCES?	16	COCINI CECUDITA NO	17 190	HANNAH BACI	MANN	0.1.1				
(Ye	s, na, ar unknawn)	(If yes give war ar dates	of service)	SOCIAL SECURITY NO		UKMANI ICAL RECORDS	S. VAF	Addr T. T'H. I	ess H O WARD	. MI	1 -	
	18 CAUSE OF DE	ATH (Enter only one ca		W	10 4000 411			<u> </u>	10.111.013	INTE	RVAL BETV	
	PART DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	COP	RONARY THRO	MBOSI	S				RE	FINI	EATH
		D	10									
	Conditions, if ony,		(b) POS	ST OPERATIV	E STA	TUS POST PR	OSTEC:	YMOI		REC	TYNCE	
	stating the under		TO									
	last	,	(c)									
8						TERMINAL DISEASE COND		. ,			WAS AUTO PERFORME	D?
Z						CARDIAL SCA			AMOLAH	IAC:	LAS I	NO [
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	ESCRIBE HOW INJURY OC	CURRED (En	ter n ature af injury in Por	t I or Part I	l of item 18)				
MEDICAL	20c TIME OF INJU Haur'a.n	1.0	20d II While	Not While		OF INJURY (Hame, farm, , street, affice bldg., etc.)	20f (City or town)	(Cau	nty)	(2)	State)
				ded the deceased t	fram	7/23/69	to	10/15/6	7 19	, the	1 (M) (W	ve) la
	saw the de	ceased alive an_	10/15/	67_19, a				ram causes				
	22a SIGNATURE		/)	11 '	1	ATTENDING ME	D _	STAFF	22b. DA			
	22c PHYSICIAN'S	17-7	4	fleen	M.D	PHYS LJ DII	RECTOR L	PHYS D	7	0/16	10/0	
	NAME (Type)	JOSEPH .	J. MOWA	D, M. D.			WARD,	MARYL	UND			
			- V									
	BURIAL, CREMATIO REMOVAL (Specify)		-67	23c NAME OF CEME		MATORY	23d LOCA	TION (City or To	wn) ((County)	12)	ate)

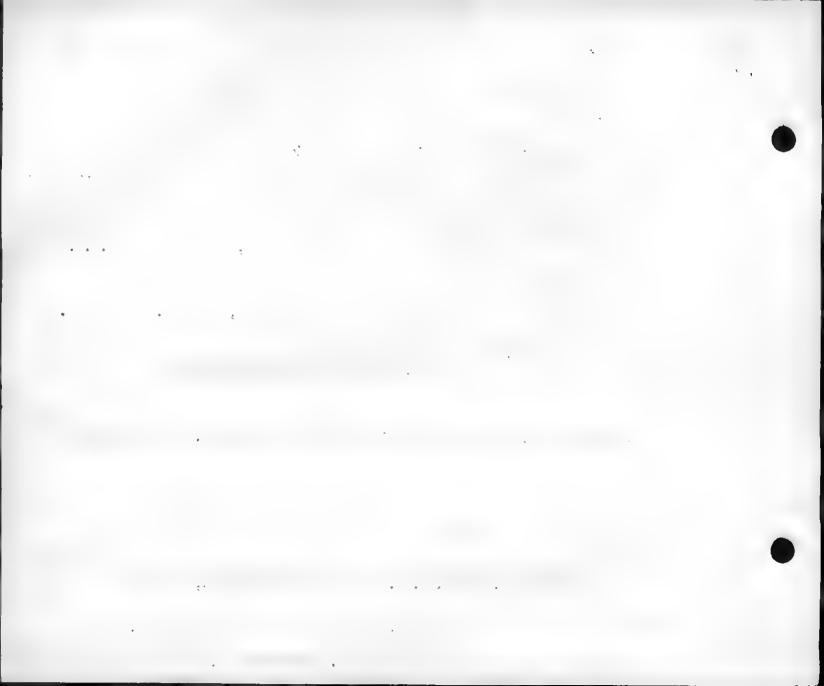
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completifly the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon is shauld be filed with the State Dept of Health priar to burial, cremation, or remayal, and in any event, with VR A15 (4) 25M 1/67

4-thours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

hours after dea



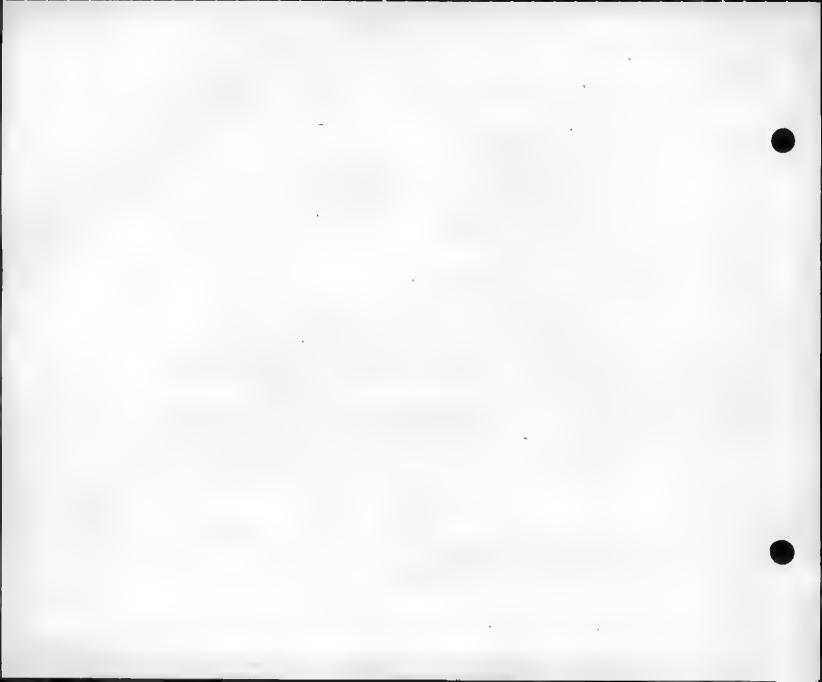
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13842 CERTIFICA	TE OF DEATH	
		2 USUAL RESIDENCE (Where deceased lived, if institution. Residence	e before odm ssion)
(O. STATE D. COUNTY B	1470
į	CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
			A 2
-			e IS RES DENCE
			ON A FARM?
=			
	DECEASED	05	Doy Year 3 / 19 6 7
$\overline{}$			YEAR IF UNDER 24 HRS.
		last highland Mantha I	Days Hours Min
100			IZEN OF WHAT
		(00	INTRY?
12	EATURD'S MAME		S. A.
	The annual total and a state of control	E.A	
		-UNA VANUERMAST ABO	VE
	PART I, DEATH WAS CAUSED BY	4425	ONSEL AND DEATH
	IMMEDIATE CAUSE (o)	QILUKE	ONSET AND DEATH
	ACTORIO SCIRI	RUTIC HEART DISEASE	24125
	rise to immediate couse (o).	7/2///2/ 2//2///	7 4162
	storing the underlying couse		
		TO THE TERMINAL DISEASE CONDITION CHIES. IN DARK 15-1	19 WAS AUTOPSY
8	VINAL 1109EB DECPIDATORY	11/6F/ TION	PERFORMED?
<u>a</u>			YES NO
FRT	OR CONTRIBUTING CAUSE OF DEATH	to trues upone or whork in bourt or bout it of them is)	
		PLACE OF INTERV (Name form 1906 (City or town) (Car	nty) (Stote)
	Hour'o.m. While Not While	foctory, street, office bldg., etc.)	(2:016)
	p.m. 19 otwork L otwork L	95.87 2 3 10/52 : 06.77 31 10/	
	saw the decaded alive an - 20 7 30 19 67 and t	that death accurred at 1/1500 from course and on the	, that (I) (we) last
	Joseph Micela	MD ATTENDING MED STAFF	162
	22c PHYSICIAN'S	22d. ADDRESS	X MO.
	NAME (Type) JOSEPH MICELI, M. D.	108 S. TAYLOR ALE. 21	221
230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCAT ON (City or Town) ((County) (State)
	RURIAL NOV. 3 1967 MEADOW.	RIDGE BALTO, MO	,
24.	FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	777777
J	5, CONNELLY SONS 300 M.	ACE DATE NUV 6 1361 June	to Judge
	3 1 1 S S S S S S S S S S S S S S S S S	PLACE OF DEATH O. COUNTY B A L T D MARYLAND	PLACE OF DEATH 0. COUNTY B A TO D.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 hmurs ofter death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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≥	haspital or attending physician.	een	shauld be detached far use as the burial-transit permit. Then please remaya	ith the State Dept. af Health prior ta burial, crematian, or remaval, and in any
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5	4 may be retained by the has	UNERAL DIRECTOR: After this certificate has be	a	ed
4	30	AL	Da	9
Ž	4 1	ER.	10	1d b
2	Page 4	1	director, page 3	DOC
IO MOSPILAL OK ALIENDING PHISICIAM; THE IDW requires that the death certificate be executed, within 24 hours after death.	Po	0	-5	2
	VR 25	Al	5 (die	4)
	25	M.	1/6	7

		CERTIFIC	CATE	OF DEATH		SILTE	3(3.8.4
1. PLACE OF DEATH O COUNTY Baltimore	County	MARYLA	.ND		Where deceased lived, if institu yland b. (O)		efore odmission) timone
b. CITY OR TOWN (If outside corporate write RURAL and give neorest town 1 000002	1)	c. LENGTH OF STAY IN	lb	CCITY OR TOWN (If ou	tside corporate limits, write RI	JRAL and give ne	arest tawn)
d. NAME OF HOSPITAL OR INSTITUTION 804 Stevenson		rive street address)		d. street address 804 Ste	venson Lane		e IŠ RESIDENCĖ ON A FARM? YES NO 🔀
3 NAME OF DECEASED (Type or print) Gen	first evieve	Middle Freeman	Wal	Lost	4. DATE Mor OF DEATH Octo	ber 14	Doy Year 1967
s. SEX 6. COLOR OR RAC Female write	E 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	<u> </u>	May 11, 1890	9. AGE (In years last birthday)	Manths Do	
100 USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	IN	ND OF BUSINESS OR DUSTRY Own home		Indiana	& State, or foreign country)	12 CITIZEN COUNTI	N OF WHAT RY?
13. FATHER'S NAME Oliver Freema	n			14. MOTHER'S MAIDEN I	ret Barrett		
1S. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no, or unknown) (If yes give war or d	R(FS? 16 lates of service)	social security no.	17 (1	Family rea		lress	
1B. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Ce	(c), (b), ond (c)) rebral Arte	rio				INTERVAL BETWEEN ONSET AND DEATH O VYS
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse last.	(b) Ge DUE TO (c)	neralized A	rte	riosclerosi	S		yrs
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING COLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCU	URRED (Enter noture of injury in	Part I or Part II of Item 18)		
20c. TIME OF INJURY Month, Day, Y Hour o.m. p.m.	ear 20d. If While of warl	Not While		E OF INJURY (Home, farm rry, street, office bldg., etc.)		(County	(21016)
21. I certify that (I) (this saw the deceased alive a	hospital) attend in June 10	ded the deceased fr 19 <u>67</u> , an	am d that	Jan. , 1 death accurred at	9 <u>65</u> , ta <u>Octobe</u> 7 a M, fram causes	<u>r 1,41967</u> , and on the	, that (1) (will) last date stated above
220. SIGNATURE	relly/	MD.	M.D		MED STAFF DIRECTOR PHYS [_	-16-67
22c PHYSICIAN'S S.J.Ve		.M.D.			York Road, Ba	ltipore	, Md
AREMOVAL (Specify) 10	TE THEREOF		_	tery		ennsylve	
24. FUNERAL DIRECTOR John Burns Sons	Funezal	Home		DATE C		registrar's signi Clianta	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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haurs after death.

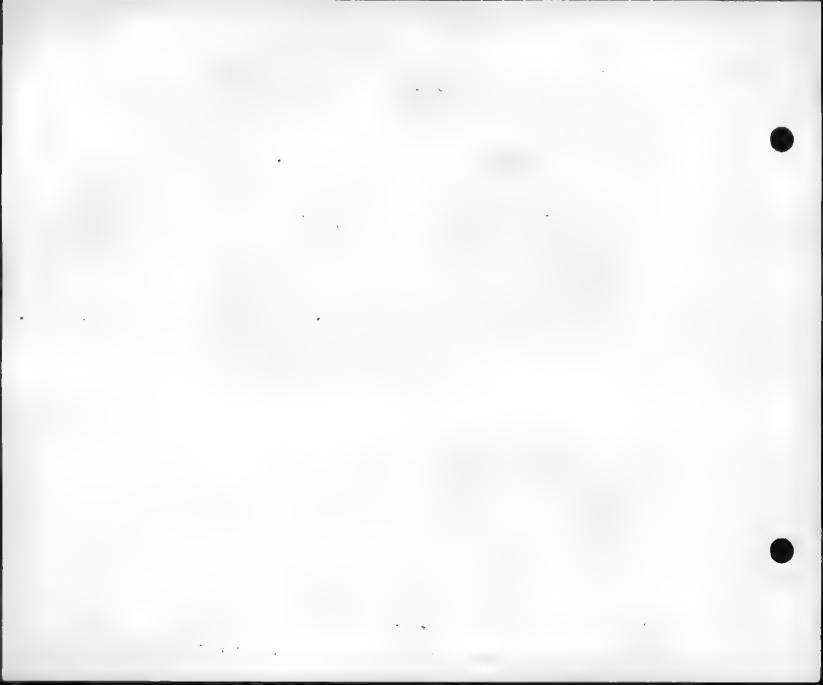
CERTIFICATE OF DEATH

	-0030	CERTIFICATE	OI DEATH		
Ĩ	D. PLACE OF DEATH D. COUNTY	11/			Residence befare admission)
	Paltimore	MARYLAND	O. STATE BATATTHORE	b. count	PTMORE
F	b CITY OR TOWN (If autside carparate limits, write RURAL and give regrest town)	c LENGTH OF STAY IN 16		le corporate limits, write RURA	
1	writy RURAL and give interest town)	54R5.	BALTTMO	PE.	
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in has	spital, give street address)	d. STREET ADDRESS	to had	e IS RESIDENCE ON A FARM?
1	House IN The fives		STT E FORT	AVENUE	YES NO
3	3. NAME OF First DECEASED	Middle	Last 4	DATE Month OF	Day Year
L	(Type or pnnt) FANNIE W	ALSH		DEATH TO	I6 1967
15		RRIED NEVER MARRIED 🔲 8	DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
	FEGALE WHITE WID	OWED K DIVORCED 8	/25/T883	8) yrs	
	IDa USUAL OCCJPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	tate, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		ENGLAND		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME .	
L	ALBERT SMITH		UNK		
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
L	МО		RS. ETLEEN H	ELLHAN 5406 S	ummerfield Ave.
	18. CAUSE OF DEATH (Enter only one cause per I	ine far (a), (b), and (c).)	7	4	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	represented Du	wipmed	527	240
	4221 DUE TO	y- 1 7- 0		1 2	150
	Canditions, if any, which gave (b)	revocaleratio (ageis-Yacas	des Waseas	(13 h
	stating the underlying cause DUE TO				· ·
	last. (c)				
× 11011	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	<u>JTING TO DEATH</u> BUT NOT RELATED TO T	HE TERMINAL DISEASE COND-	FION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES ND D
PTITE	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EXTENDED CONTRIBUTION CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Par	t I ar Part II of Hem 18)	

200	20k. TIME OF INJURY Month, Day, Year Haur a.m.		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f (City or town)	(County) (State)
13	p.m. 17	at wark U at wark U		<u></u>	
	21. 1 certify that (I) (this hospital)	attended the deceased from			, 1962, that (1) (We) last
	3017 1110 00100000 01110 011	5-14 1927, and that	death accurred at	M, from causes a	nd on the date stated above
	220 SIGNATURE		ATTENDING ME		22b. DATE SIGNED
	22. BUSICIFANIC	349 MD	22d, ADDRESS	RECTOR L. PHYS L.	10/11/61
	PHYSICIAN'S NAME (Type) Wilmer K-G	allager	/	rich Ore Ba	17. Mg 21228
7	23a BURIAL, CREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d /LOCATION (City or Tow	
	TURISTED	1 PARR HI	//	HEN BURNIEL	AA Mil
-4	24 FUNERAL DIRECTOR	DDRESS	2Sq. REC'D B	Y REGISTRAR 2Sb. REG	STRAR'S SIGNATURE
	Melully 130 E Fox	+ HVENUE	TORM	1 9 1967 80	ionly Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carban plabe should be filed with the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within Z VR A15 (4) 25M 1/67



FOR STATE HEALTH-DEN

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TREST

-	_6030			20017
1	PLACE OF DEATH a. COUNTY D. L. *		2 USUAŁ RESIDENCE (Where deceased lived, if instituti a STATE 7. b. COUN	
	o. COUNTY Baltimore	MARYLAND	o STATE Tennsylvania b. COUN	√
	b CITY OR TOWN (If autside carporate limits, write RURAL and give progrest town)	c. LENGTH OE STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RUR	AL and give nearest town)
	rnesile 21212		Monessen	
	d NAME OF HOSPITAL OR INSTITUTION (If not in b	nospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	804 Maxalea Court		207 Schell Ivenue	YES NO
3.	NAME OF First DECEASED /1+ _ /	M+ddle	Last 4. DATE Mont	
	(Type or print) PILCRAEL		anko DEATH UCTOBER	2. 20, 196/ 19 LIEUNDER I VEAR LIEUNDER 24 HRS
1 .			DATE OF BIRTH 9. AGE (In years 4051 birthday)	Manths Days Hours Min
10	rusual Occupation (Give kind of work done	IDOWED TO DIVORCED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	ovember 6, 1875 71 yrs	12 CITIZEN OF WHAT
do	rung most of working life, even if retired)	Steel Lant	Tennsulvania	COUNTRY 2
	Cant Guard-Retired	JLEEL TLAIL	14 MOTHER'S MAIDEN NAME	WA
1	Joseph Wanko		Narvaret ?	
İİŞ	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 I	NFORMANT - Addre	55
(Y	es, no, or unknown) (If yes give war ar dates of serv	ice)	mily records	
	1B CAUSE OF DEATH (Enter only one couse pe		(1)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	1 ovonar	y Clec /USIN	CINSET AND DEATH
	4201 DUE TO	0 +	1 - 1 - 1	
	Conditions, if any, which gove) (b)_	allios	- Kerries Cardio-1	enal 5 th
	rise to immediate cause (a), Stating the underlying cause	1/2	1.0	
	last. (c) _	1/ acc	elal Desense	
S	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUT NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	On CALLERY CAUCULA	TALL DECEMBER AND MARKET AND ASSESSED.	D. I. D. M. T.	YES NO
ERI	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	206 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
	CAUSE OF DEATH	20d INJURY OCCURRED 20e, PLAC	CE OF INJURY (Hame, farm, 20f (City or town)	(County) (State)
MEDICAL	20c TIME OF INJURY Manth, Day, Year Haur a.m	While Not While facto	ory, street, affice bldg , etc.)	(21018)
	21. I certify that I toak charge of	at work L at wark L the semains described above he	Id on Autonou 🗍 Januarian 🖫 Januari	uni [] and in an anisin
	death resulted fram: A Natural ca		ld an Autapsy 🔲, Inspectian 🛂, Inqu ide 🗍, Hamicide 🗍, Undetermined m	
	dealif lesofied fruit: / Maioral Ca	nses T , sold	CHIEF MEDICAL EXAMINER	ulillel [_]
	ACTUAL SIGNATURE Whole	at the ormal	M.D. ASSISTANT MEDICAL EXAMINER	22 DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EXAMINER	18/2/1-
	NAME (Type) Charles F.			1-10/6/
23	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Tox	vn) (County) (State)
	emovay xuriax Oct. 23.1			on, Lenna.
2	FUNERAL DIRECTOR	ADDRESS	256° REOCTE 2183° 1967 RE	Millanes Judge
1 6	John Burns Sons, Tous	or, iaryland	DATE	0 0

5 may be retained for your files.

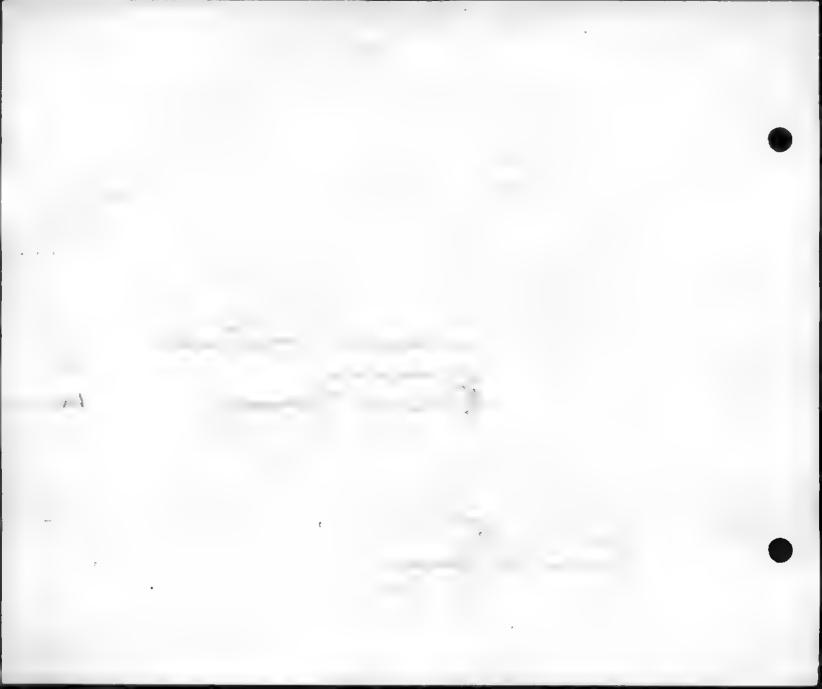
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department. the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along workforms, may be retained for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death 1f necessary, please execute the certificate, writing the werd "pending" in pencil in Item 18 Give Property

VR A15ME (5) 6M 1/67

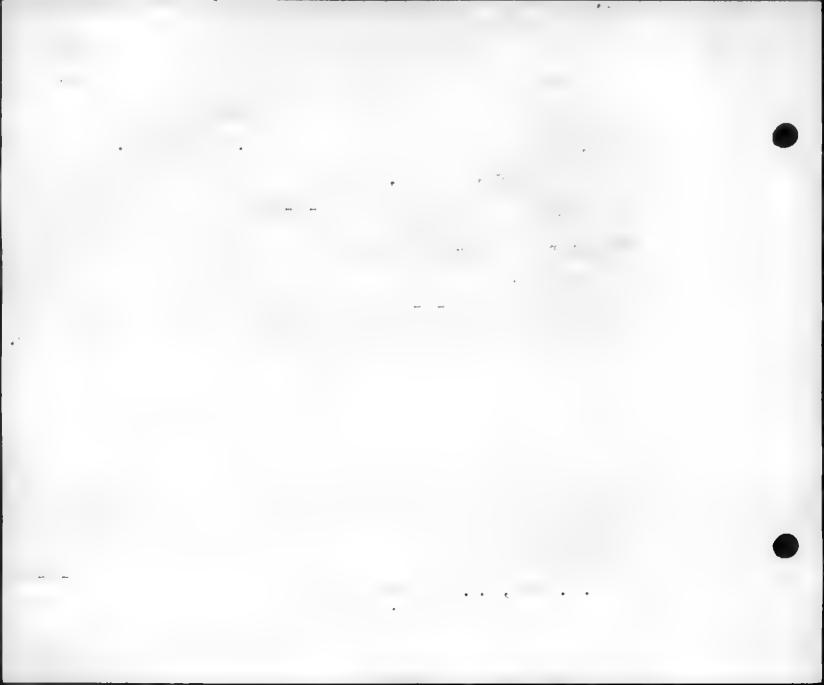
Health prior to burial, cremation, or removal, and in any event within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13652 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. funeral puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ges l Baltimore MARYLAND Maryland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 rs. Pag hours Owings Mills Baltimore 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) = d STREET ADDRESS e IS RESIDENCE ON A FARM? illed 6402 Blenheim Road NO -Rosewood State Hospital NAME OF 4 DATE Manth Year DECEASED 67 Oct. WEBSTER complete (Type or print) DEATH Richardson AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH lost birthdoy) Months Hours White Female. WIDOWED DIVORCED yno ni buo 10-2-62 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Dependent Baltimore City, Md ILS.A none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-tronsit permit. Then pl buriol, cremation, ar removal, James McCormick Webste Nancy Jane Menton 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO Rosewood Records, Owings Mills, Maryland none INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse now line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse the hos been Noumane WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? use TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 2De PLACE OF INJURY (Home, farm, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour om Not While of work ATTENDING of work certify that (1) (this haspital) attracted the deceased from Feb. 2 . 19-65 the deceased alive an Oct 17 19-67, and that death occurred at IIA 19_67 toot 7 , 19_67 that (I) (we) last IIA M, from couses and an the date stoted obove. director, page 3 should should be filed with the saw the deceased alive an Oct 22b. DATE SIGNED O HOSPITAL OR 2 7oct. 67 DIRECTOR PHYS 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Rosewood State Hosp. Richard A Jones 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Oct. 10. 1967 St. Mary's Govan's Baltimore. 250. REC'D BY REGISTRAD 67 25b POUTRARS CHATTAGE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Mitchell-Wiedefeld Home 6500 York Road Balto. Md. 21212



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Baltimore o. STATE Maryland b COUNTY Baltimore a. COUNTY 0 MARYLAND way deloy c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, P.M.3. write RURAL and give nearest tawn) Baltimore Sparrows Point d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
Plant Dispensary d. STREET ADDRESS e IS RESIDENC ON A FARM? 119 N. Symington Ave. NO Give Poges 24 hours after death NAME OF Last 4 DATE Month Year First Examiner's Office olong was Charles 19 67 DECEASED J. WEDEKIND 10 (Type or print) DEATH IF UNDER 24 HRS 9 AGE (In years YFAR File poges 1 and 2 with S SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED 3-30-1918 igst birthday) Months Male White hours ofter death. WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (G ve kind of work done 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Stee COUNTRY? Md. Making 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Carrie Price Charles J. Wedekind _ .17. INFORMANT event within 72 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or inknown) (If yes give war ar dates af service) the certificate, writing the word pending" in a should be forworded to the Chief Medical 21h-01-1118 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c),)
PART I DEATH WAS CAUSED BY Acute coronary occlusion burial-transit IMMEDIATE CAUSE (a) 7201 DUF TO gny i Conditions, if ony, which gave rise to immediate cause (a). . = DUE TO stoting the underlying cause o. ond 00 be used 19 WAS AUTOPSY PART I OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cremation, or removal, PERFORMED? CATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18) 20a. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 1 65. MEDICAL 20d INJURY OCCURREN 20e PLACE OF INJURY (Harne, farm 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While While may be retained for your FUNERAL DIRECTOR: Poge at wark at wark 21. I certify that I taak charge of the remains described above, he'd an Autapsy Inspection X, Inquiry DC. and in my ap nian death resulted fram Natural causes 🗶 Accident . Su+cide Hamicide | Undetermined manner funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heo!th prior 10-18-67 DEPUTY MEDICAL EXAMINER M. B. Davis. M.D. 6800 Mornington Rd Address (Street, city, town, or county) NAME (Type) Dandaile (Marviender 1222 the 236 DATE THEREOF 23d. JOCATION (City or Town) 23o. BURIAL CREMATION. 50 REMOVAL (Specify) Buria 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR S S GNATURE VR A15ME (6M 1/67



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Brehms

MARYLAND STATE DEPARTMENT OF HEALTH

Item #4 Film #6393 10 Phone Provided House

			CERT	IFICAIL	OF DEATH			La	1604
o. COUNTY	H Baltimore		M,	ARYLAND	2. USUAL RESIDENCE a. STATE Mai	(Where deceose	ed rived, if instituti b. COUN		pefore odmission)
b city or tow	h (If outside corporate limits, and give negrest tawn)		c. LENGTH OF STA	Y IN 1b	CITY OR TOWN (IF Baltimo:	,		AL and give no	eorest town)
	SPITAL OR INSTITUTION (If not in	hospitol, g	ive street oddress)		d. STREET ADDRESS				e IS RESIDENCE
Spring	Grove State H	ospit	al		917 Nor	th Kres	son Stre	et	ON A FARM? YES NO
3 NAME OF	First		Middle		lost	4 DATE	Mont	h	Doy Year
(Type or print)	Doris		V.	1	Wehrheim	OF DEATH	Oc.	t. c	9 19 67
S SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARK	RIED A GIS	DATE OF BIRTH		AGE (In years	IF UNDER 1 YE	EAR IF UNDER 24 HRS
Female	White	WIDOWED	DIVOR	CED 🔲	June 3, 1	921	last dirthdoy)	Months De	oys Hours Min
10a USUA. OCCUPAT during most of work File G	110N (Give kind of work done ing life, even if retired) Lerk	INI	ND OF BUSINESS OR DUSTRY INKNOWN		Baltimor	4		12 CITIZE	IN OF WHAT
13. FATHER'S NAM					14. MOTHER'S MAIDEN	I NAME			
Henry V	Vehrheim				Minnie	VanSant			
S WAS DECEASED	EVER IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17, 1	NFORMANT		Addre	55	
(Yes, no, or unknow	(If yes give wor or dotes of se	21	7142021	R	ecords: S	pring 0	rove Sta	ite Hos	pital
PART I. I. C PART I. II Conditions, if or rise to immed	DEATH (Enter only one couse DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO DUE, which gove bliote couse (o). Iderlying couse (c)		ir Pneumo	onia_					INTERVAL BETWEEN ONSET AND DEATH
PART II OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)		19 WAS AUTOPSY PERFORMED?
Br	ain Tumor								YES NO
OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter noture of injury i	Part I or Port	11 of item 18)		
20c T ME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	20d. 1N While of work	JURY OCCURRED Not While of work		E OF INJURY (Home fo ory, street, office bldg., et		(City or fown)	(Coanty	y) (Stote)
21. I ce	rtify that 🗱 (this haspit	al) attend	led the decease	ed fram	July 28	19 42 to	CUT !	, 1967	, that (耳 (we) la
	deceased alive an	ET_	9 19 67	, and that	death accurred a	770M	, fram causes o	and an the	date stated abov
22o. SIGNATU	Stella W	achs	eler	M.D	11110	MED. DIRECTOR	STAFF PHYS.	22b DATE	
22 c. PHYSICIA NAME (T)	.N'S				22d ADDRESS Baltin	Spring ore, Ma	Grove Staryland	tate Ho 21228	spital
230. BURIAL, CREMA	ATION, 23b DATE THERE		23c. NAME OF C	EMETERY OR (REMATORY	23d LO	ATION (City or Tox	wn) (Co	ounty) (Stote)
Cremati	5h 10/11/0	57	Loudon	Park	Cremator	у В	altimor	e, Md	•
	nek Funeral		ADDRESS			OCT 1	1967 RE	GISTRAR S SIGN	NATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Lages I and 2 should be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after geath. TE HOSFITAL OF ATTENDING FIFYLICEN: Tow requires that the demith certificate be executed within 24 hours after death Pagm # may bm retainmd by the haspital ar attending pillysician. VR A15 (4) 25M 1/67

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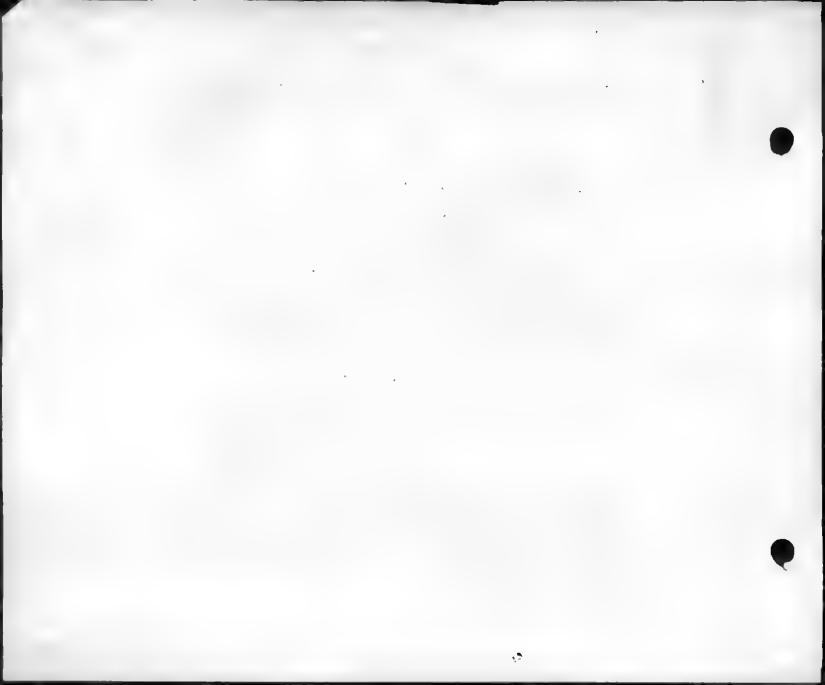
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13655

	CCATTCA	IL OI DEATH	
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institut an Residence	e before odmission)
	a. COUNTY Baltimare; MARYLAND	a. STATE DAY DAY 6. COUNTY	J
	b CITY OR TOWN (If outside comparate limits Le DENGTH OF STAY IN 16	c CITY OR TOWN (If autoide corporate limits, write RURAL and give	negrest town)
١.	write RURAL and give nearest town) 19 DAUS	77 0	/) 12
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE
8	Treater Baltimore medical Center		ON A FARM? YES NO NO
	NAME OF First Middle	Lost 4 DATE Month	Doy Year
	OFCEASED (Type or pnmt) NIARY TOATTHE WS	NELLS DEATH 10	25 1967
3	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years 1F UNDER)	
F	EMALE CAZI. WIDOWED X DIVORCED	2/27/1898 (39 yrs. Months	Doys Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT
dura	ing grost of working life, even if retired) INDUSTRY	BALTIMORE CITY	INTRY LISA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	WILLIAM DELTMAN	FRANKLIN, KOSE	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 11	7. INFORMANT Address	
176	es, na, or unknown) (If yes give war ar dates of service)	Admission SHEET -	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CANDIO TESPITAL	tore Andure	ONSET AND DEATH
	DUE TO	1	
	Conditions, if ony, which gove) (b) Limbon	march and	
	rise ta immediate cause (a), stoting the underlying cause	2V / CD / / D1	
	fast. (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS ALTOPSY
E S			PERFORMED? YES NO TO
2	20g ACCIDENT WAS UNDERLYING ☐ 20b, DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part L or Part L of Item 18.)	7.2
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	con the house at most in the the thirty in the transfer of the	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e	PLACE OF INJURY (Hame, form, 20f (City or town) (Cau	nty) (State)
MEDICAL	Hour a m. While Not While	factory, street, affice bldg., etc.)	(, , , , , , , , , , , , , , , ,
	pm. 19 atwark alwark	1000	P 12 - 1 /12 / 1 / 1
	2). I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 10, 25, 19 67, and t	that death occurred at 9-7 am from course and an th	e date stated above
	22g. SIGNATURE		TE SIGNED
	Alsahra	M.D ATTENDING MED STAFF PHYS. STAFF PHYS.	IL SIGHLE
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Hothian		
230	BURIAL, (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	REMOVAL(Specify) 10-28-57 Leculous ide	re demonial Pale Elinidae	invilant.
	FUNERAL DIRECTOR ADDRESS	256 REC D'89 REGISTRAR 256 REGISTRAR'S ST	GNATURE /
((o'n C. Liller Ire(415 Relair Road-2	1200 DATE NOT 3 1 1967 Follow	(Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

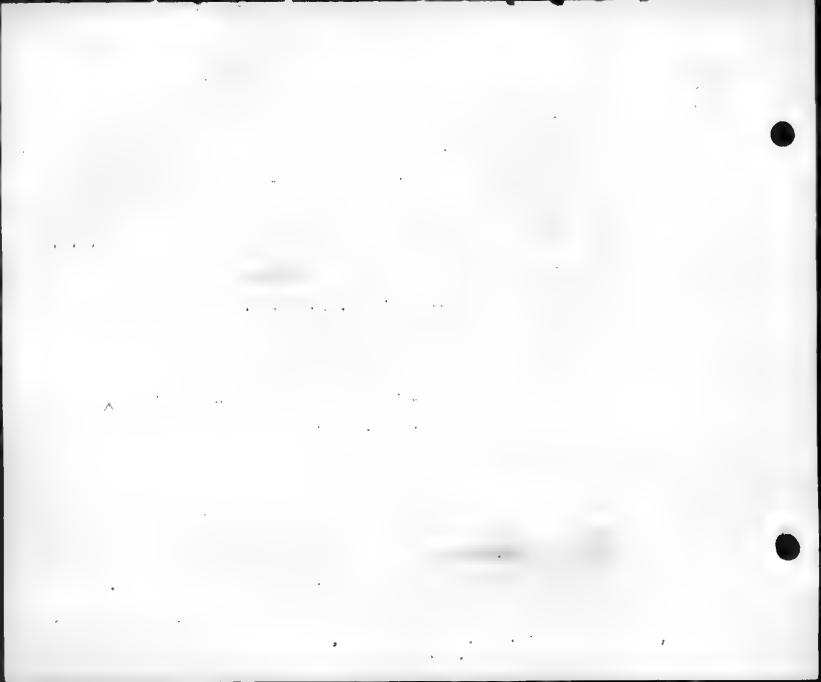
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funetal-director, page 3 shauld be detached far use as the burial-transit permit. Then please remove catbair papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 2 hours after death



VR. A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13656

1.	1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)						
	Baltimore Maryland					Maryland b. COUNTY						
	b. CITY DR TOW Write RURAL	N (if outside corporate and give nearest town	imits,	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	owson &	keebmoxee		35 Days		Balti	more	21	236			•
	d. NAME OF HOS	SPITAL OR INSTITUTION	V (if not in ho	spital, give street add	ress)	d. STREET ADORE						RESIDENCE
_		er Baltimore	_Medic	al Center		8219	Bela:	ir_R	oad			N A FARM?
3.	NAME DF DECEASED	Fir	st	Middle		Last	4. D/		Month		Day	Year
	(Type or print)	VIVIA	N	JULIA		WELLS	DI DI	EATH	Octob	er	13.	1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8	. OATE OF BIRTH	'	9. AGE	fin waare 115	HADED 1		
1	Female	White	WIOOWED	OIVORCED [_ 1	3/21/189	19	last 68	birthday) M	onths D		ours Min.
10	a. USUAL OCCUPAT	ION (Give kind of work ding life, even if retired	one 10b. Ki	IND OF BUSINESS OR		11. BIRTHPLACE	(County & S	State, or fo	reign country)	12. CIT	IZEN OF	WHAT
1	House	wit fa	, O	wn Home		Budape	st. T	Him o	יטיני		INTRY?	
13	. FATHER'S NAM			1122 224210	- 1	14. MOTHER'S M.	AIDEN NAM	IE	- J			.*
	To	seph Jan	osek			Anna	Lobo	+ ~1				
1	. WAS DECEASED I	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	17.	INFORMANT	TIGHTO	LSKY	Address			
(Y	es, no, or unkown)	(If yes give war or dates of	service)					70/			7	
	No			7-07-0190		M.Boyd.J	r.,	(06	Stever	ison		
				ne for (a), (b), and (c).	1							L BETWEEN AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perit	onitis								
		DUE 1										
	Cenditions, If	any, which	b) Ileoc	olic fistul	a a	nd perfora	ated d	uoder	nal ulc	er		
	gave rise to cause (a), st		0					ahdor	minal a	orta		
-	underlying caus		c) Post-	operative-s	tat	e - Resect						
ő	PARTII. OTHERS	IGNIFICANTCONDITIO	NS CONTRIBU	TING TO DEATH BUT NO	r RELA	TEO TO THE TERMINA	AL OISEASE	CONDITIO	N GIVEN IN PA	RT 1(a)		AS AUTOPSY
EA			Arter	ciosclerotic	· ca	rdiovascu	lar di	sease	5		YES R	RFDRMED?
E	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY						tem 18.)	1 42	
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF CEAT. THE MEDICAL EXAMIN				,						
MEDICAL		NJURY Month, Day, Y		JURY OCCURRED 200	PLAC	E OF INJURY (Home y, street, office bldg	, farm, 20	f. (City	or town)	(Coun	ty)	(State)
AED A	Heur a.n		While at work	Not While at work	iactor	3, screet, ourcaning	., 6(6.)					
1				d the deceased from	n Se	ntember 7	10 67	trOcto	her 13	10 6	7 that	(I) (we) last
П	saw the dee	seased alive on Oc	tober	13, 1967 , and	1 that	death occurred a	4:40M	from th	ne causes ar	of on the	date st	ated above.
П	22a. SIGNATUS	E/	1		a tiret	and all and all all all all all all all all all al	ΔN	1		22b. DAT		
		In I. by	hom	_	M.D.	ATTENDING PHYS.	MED. OIRECTO	S C	TAFF HYS. X	10/1	13/67	,
П	22c. PHYSICIA	N'S	-0-		m.D.	22d. ADDRESS	OIRECIO	M [] F	птэ. Цд.	10/1	13/0/	
	NAME (Ty	John E.		M.D.		_Greate	r_Ba	ltim	ore Me	d.	Cent	er
23	BURIAL, CREM	ATION, 23b. OATE TI	HEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATI	ON (City, tow	n or coun	ty)	(State)
	Cremati	on 10/16	167	Greenm	aun	t			imore		Md	
H ²⁴	FUNERAL DIRE	CTOR & SONE	, - ,	4905 York	Da	25a.	REC'D BY R		25b. REG			
1.	" " O O IIVI	D 0 00112	00.	12. Md.	nd	OATE	OCT 1	6 19	87 <i>(**</i>	liarl	es ye	uge.
1=												- V



MARYLAND STATE DEPARTMENT OF HEALTH Body released by Medical DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Examiner

FOR ST	ATE
y is 3 ta age	5

PLACE OF DEATH o. COUNTY

burial-transit permit. File pages I and 2 with the event within 72 haurs after death. in any puo be used prior to burial, crematian, or remaval, 3 shauld FUNERAL DIRECTOR: Page may be retained Health

Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

This certificate shauld writing the ward

pencil

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY Baltimore MARYLAND Marvland b CITY OR TOWN (flouts de corporate limits, write RURAL and give nearest town) C LENGTH OF STAY N 16 c CITY OR TOWN (It outside corparate limits, write RURAL and give nearest town) Glenarm Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Notchcliff - Villa Maria St. Joseph Hospital NAME OF First Midd e 4 DATE Lost DECEASED October d Orosa Mary Wernsdorfer Sister DEATH 8 DATE OF BIRTH 9 AGE (n years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last butbaay) August 20, 1881 Female White WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR Maryland 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME LNOUN 16 SOCIAL SECURITY NO 17 INFORMANT VILLA MARIA (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, flony, which gove rise to immed ate cause (a). DUE TO stating the underlying cause PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAKED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 CURRED (Enterviolature of Anjury in Port I or Port II of Item 18 PRIMARY ☐ or CONTRIBUTING € CAUSE OF DEATH MEDICAL 20c T ME OF INJURY Month, Days otwark at work 21 I certify that I taak charge of the remains described above, held an Autapsy ... Inspection death resulted from Suicide | Natural causes Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER NAME (Type) Charles 0'Donnell Address (Street, city town, or county)

VR A 15ME (

BUR A., CREMATION

the funeral a rectar

250 RECD BY REGISTRAR

23d LOCATION (City or Town)

25b REGISTRAR'S SIGNATU

e IS RESIDENCE ON A FARM?

Haurs

WAS AUPOPSY

PERFORMED? NO:

and in my opinian

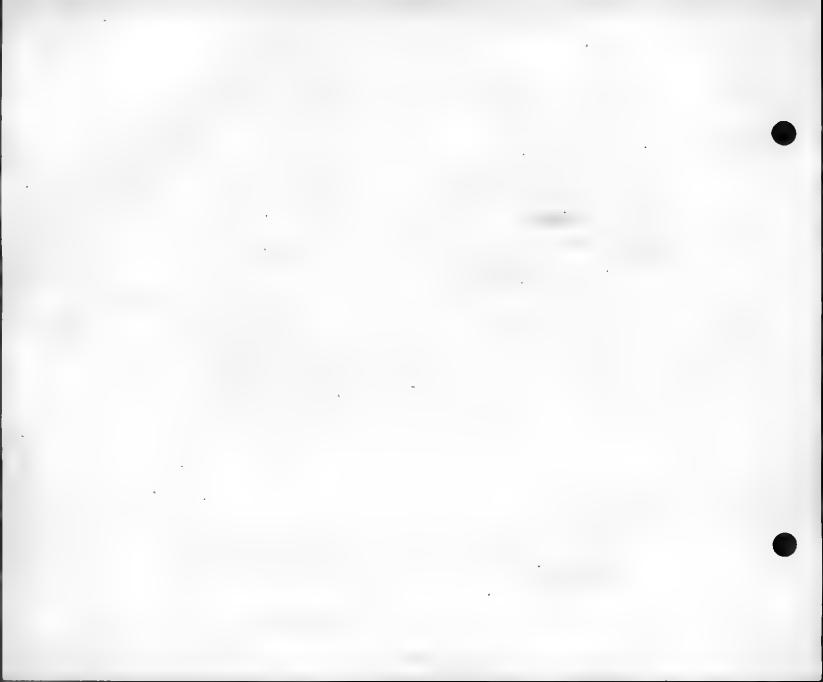
22. DATE SIGNED

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

Months

YES NO X

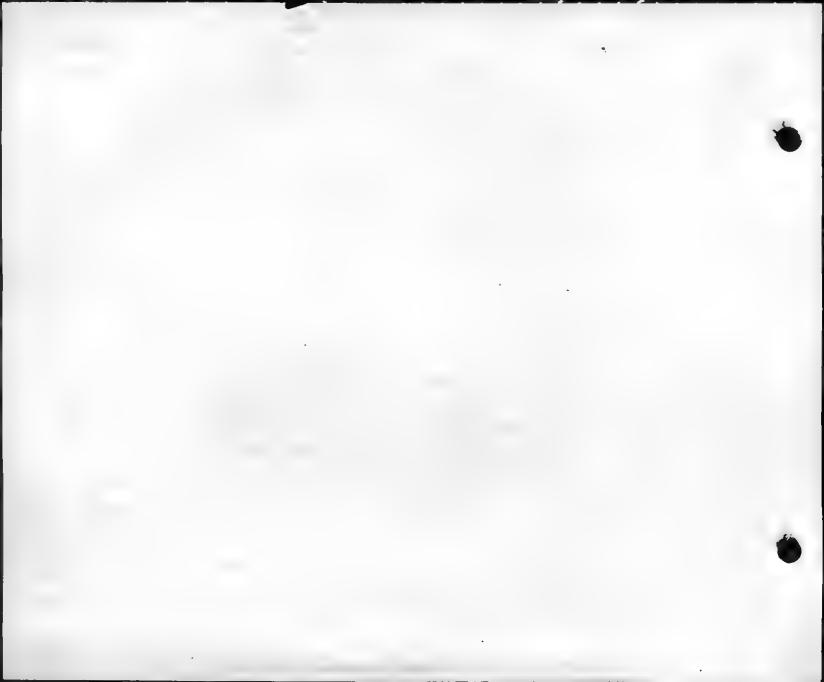


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13753	CERTIFICATE OF DEATH	A.e.) (94) <i>(</i>
1. PLACE OF DEATH o. COUNTY TO PAIN	MARYLAND 2 USUAL RESIDENT	(Where deceosed lived, if institution Residence to b. COUNTY	before admission)
b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)	Imonth Bal	f outside carporate limits, write RURAL and give no	
	SING Home 18040	Philadolphia Rd	e IS RESIDENCE ON A FARM? YES NO K
3 NAME OF DECEASED (Type or pont) ADThering		4 DATE Month OF DEATH /0 2 %	Doy Year
S SEX 6. COLOŘ OR RACE 7. MARRIED WIDOWED		5 72 vis	ays Hours Min
during most of working ite, even if setired)	NDUSTRY MOUSTRY	y and county	N OF WHAT TRY? S Pa-
13 FATHERS NAME MALENNEY TARAK	WEBER 14. MOTHER'S MAKE	YOUR MYER.	5
(Yes, na, ar unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO 17. INFORMANT	Address	
IB CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	or (b), (b), and (c).)	- Thrombosis :	ONSET AND DEATH
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause DUE TO	recroscleros:	S	3 byrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury	un Port 1 ar Port II af item 18.)	YES NO
20c TIME OF INJURY Month, Doy, Yeor Whit p.m. 19 at wo			y) (Stote)
21. I certify that (I) (this haspital) after saw the deceased alive an/ =	nded the deceased from 9704 1961, and that death occurred	at 545/P M, fram causes and on the	
22a. SIGNATURE	M.D. ATTENDING M.D. PHYS 22d ADDRESS	MED STAFF 226 DATE	SIGNED 20
22c PHYSICIÁN'S NAME (Type) DAVIDE	Zickatoose 14VFI	N Lang Ellicott Ci	+ Mmg
230 BURIA., CREMATION, 23b DATE THEREOF 24. FUNERAL DIRECTOR	236 NAME OF CEMETERY OR CREMATORY BILL TO, NATICAL	AL. BALTO MA	(State)
E.S. NIACNABIS 301	1-3-0-01	REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, shed in by the iderector, page 3 should be detached for use as the burial-transit permit. The lease remove carbot pages a pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 habits often Page 4 may be retained by the hospitot or attending physicion.

VR A15 (4)

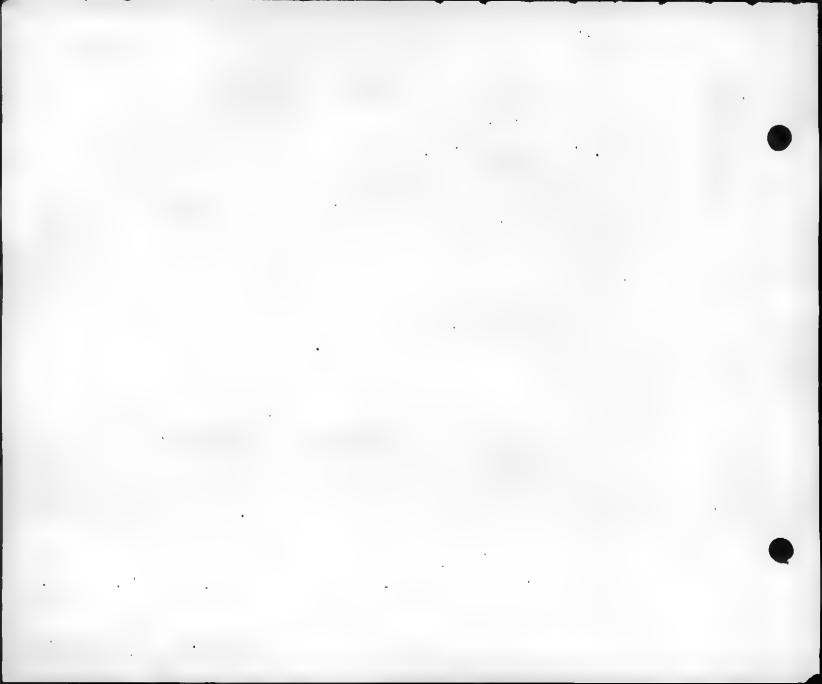


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the time director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages that should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the THE MESPITAL OR STIENDING ENVICEMENT The law regulars that the least certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

		MARYLAND ST	ATE DEPART	MENT OF H	HEALTH	
DIVISION OF	STATISTICAL I	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BALTIMORE	1, MARYLAND
065%		CERT	IEICATE OF	DEATH	31	L36554
ARE DE DEATH	Item #9 Fi	1m #(1391-11		1.00-		D - D - 14 5 - 5

	JODA Tto #0 Ft - #02 CERTIE	ICATE OF	DEATH	1136	344		
1.	PLACE DF DEATH a. COUNTY	4		e deceased lived, If institution: R	esidence before admission)		
_	BALTIMORE MAR	YLAND a. ST	Md.	b. COUNTY	fan L		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY	OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)		
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street		BALTIN	HURC	The second		
1.2		address) d. SIREE	ET ADDRESS	GNES LANE	H 6. IS RESIDENCE ON A FARM?		
3.	NAME OF FIRST MIDDLE	1120	/ - / / /	7 '	Day Year		
3.	NAME OF First Middle (Type or print) Edear / EUG	sale IIIL	DF	ATH OCT, 25	1967		
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI		F BIRTH		1 YEAR IF UNDER 24 HRS.		
	MALE CAUC. WIDDWED DIVORCE		3,1885	AGE (In years IF UNDER Months	Days Hours Min.		
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Cring most of working life, even if retired) INDUSTRY	R 11. BIR	THPLACE (County & S	tate, or foreign country) 12, C	TIZEN OF WHAT		
100	C/26/MAN Religios	131	ge BSBURG		S, A.		
13	. FATHER'S NAME		THER'S MAIDEN NAM	_			
	Jos. White		PRGAR.T	ShARP			
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N es, no, or unknown) (If yes give war or dates of service)			Address	,		
_	NO 1 141-22-366	7 - 77	WhITE JR	, 1209 STAGI			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY:	(c).]	.01 D	40	ONSET AND DEATH		
1	IMMEDIATE CAUSE (a)	Mond	7	ning	Zyn.		
	Conditions, If any, which }		U	4			
	gave rise to immediate (
	cause (a), stating the put to underlying cause last.						
NO.	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ETERMINAL DISEASE	CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY PERFORMED?		
ICA.	[3] arterioreletotic deart lesease VES 1 NO X						
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Ent	ter nature of Injury 1	n Part I or Part II of Item 18	.)		
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED	20e. PLACE OF INJU	JRY (Home, farm, 20	f. (City or town) (Cou	inty) (State)		
MED	Hour a.m. While Not While at work at work	1			0.0		
	21. I certify that (I) (this hospital) attended the deceased		19, 1964		that (i) (we) last		
	saw the deceased alive on 0 25 1967.	and that death od	curred at/C30 M	, from the causes and on t	he date stated above.		
	228. SICHARD AND AND ARE	ATTENI	DING MED.	STAFF -	0125/47		
	22c. PHYSICIAN'S		ADDRESS DIRECTO	D (0/00/01		
	NAME (Type) IOHNN. SNYDER	NID 163	48 FRED	ERICK KOLAT	CHSUILIEMD		
23	REMOVAL (Specify)	EMETERY OR CREM	ATORY 23d.	LOCATION (City, town or co	unty) (State)		
	REMOVAL 10/20/67 LAURET	FIILL	1 050 BENEFIT	FOLETON OF DECISION	E CICNATURE		
24	0.00 0.00 1007 0000 000 000						
V	VM COOK BRUCKS INC 1217 ST. F	AU/ 3/1	DATE OCT 3	0 1091	0		

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

VR A1II (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and camplerally filled in by the Acadisector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evertify within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	o. COUNTY Baltimore MARYLAND			a. STATE D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COUNTY D . COU				
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		Mt. Wilson	2 mas 13 days.	Cockeysvi	cle	-		
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gir		d STREET ADDRESS		e. IS RESIDENCE		
i	-	Mt. Wilson State Hospital		Texas, Hd		ON A FARM?		
	(NAME OF First DECEASED Type or pnnt) JAMES	Middle	WHYE DEA	TH 10/	23/1967		
	\$ 9	6 COLOR OR RACE 7, MARRIED [WIDOWED [NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	6/9/1919	9. AGE (In years IF UNDER last birthday) Menths	Doys Hours Min		
		ng most of working life, even if retired) IND	D OF BUSINESS OR USTRY	11 BIRTHPLACE (County & Stote, or M any	(0	TIZEN OF WHAT DUNTRY?		
- 1	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
		Edward	whre	Annal	iele Willo.	1		
			OCIAL SECURITY NO. 17 1	NFORMANT	Address			
	(Ye:	s, na, ar unknown) (If yes give war or dates of service) 211	-05-0263Rec	ords, Mt. Wilson	n State Hospita	1		
		18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)						
	-	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	NCHO GE		AMOUN	ONSET AND DEATH		
		DUE TO EMETASTAGES						
		Canditions, if any, which gave) (b)						
- 1	- 1	nse to immediate cause (a), (stating the underlying cause (DUE TO						
		lost. (c)						
,	MOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
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	ď	21 certify that (I) (this haspital) attended		3/10/,1967	to 10/23/19	62, that (1) (we) last		
	- [saw the deceased alive an 1.0/2.		death accurred of 5 A				
		220 SIGNATURE M.D. ATTENDING MED STAFF 226 DATE						
1		22c. PHYSICIAN'S NAME (Type) Wm. Newcomer, M.I		22d. ADDRESS	on, Maryland			
	23a	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d	LOCATION (City or Town)	(County) (State)		
	p. r	Ducia / 10 06 0/	Balto, lung	Len. E	AITO	Hd		
	24	FUNERAL DIRECTOR	ADDRESS	2So REC'D BY REGI	strar 25b. REGISTRAR'S S			
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

13660

	2000	0	CERTIFI	CATE O	F DEATH		A CHINGLY
一点	1. PLACE OF DEATH			T 2 i	IISHAL PESIDENCE (W	here deceased lived of institut	nan: Residence befare admission)
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the the sale	write RURAL and	If outside corporate fimits, is give nearest town)	c LENGTH OF STAY IN	116		side corporate limits, write RU	KAL and give nearest fawn)
yd yd Ino	Iowson				lowson		
in in 2 h			in hospital, give street address)	ll ll	STREET ADDRESS		e IS RESIDENCE ON A FARM?
filled in papers.	504 Br	ook Road		5	04 Brook	Road	YES NO
	3. NAME OF	First	l Middle		Lost	4. DATE Mon	th Day Year
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1 1 1	S. SEX		7. MARRIED NEVER MARRIED		TE OF BIRTH	9 AGE (In years	FUNDER I YEAR IF UNDER 24 HRS
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ara an ara	Lemale	(Give kind of work done	10b. KIND OF BUSINESS OR			State, or fareign country)	12 CITIZEN OF WHAT
e d E	during most of working.	life; even if retired)	INDUSTRY	11.	As I	Siare, or rureign country)	COUNTRY?
an ciar an ciar	Housewi	\$e			Maryla	<u>rd</u>	USA
	13. FATHER'S NAME	0		1	MOTHER'S MAIDEN N		
nov nov	Ernst	Domeschke	e		Wilhelmin	a Unknown	
Le Line	15 WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR		Addr	ess
attenting physician permit. Then please ion, ar remaval, and i	NO (Tes no, or unknown)	(It yes give war ar dates of	service 214-14-7366D	Ruth	Chelf, 50	O4 Brook Rd.	
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VR A15 (M)	Leonard	a Ruch	Inc Baltimore	Md			
25M 1/67	Leonwell	d. Mack	THE DUVUMBLE	11100	DATE	T 3 1967	Charles Voeder



11	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
# BON#	13057 Tell May Bus CERTIFICATE OF DEATH 1	3661
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution:	Residence before admission)
	Baltimore MARYLAND Md 5. STATE Md 5. STATE	Raltim e re
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hours I in by s. Pag hours	Catonsville d. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2102 Drummon Rd	l e. IS RESIDENCE
Per 12	A WAY TO A WAY TO SEE A CO.	ON A FARM?
	Shady Nook Nursing Home 1002/N/Rolling/Rd/ 3. NAME OF First Middle Last 4. DATE Month	YES NO Day Year
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(a) a &	VV IPAGE	TYPAR HEHINDER 24 HRS
and co	Female Cau WIDOWED XI DIVORCED 5/11/82 85 yrs.	
	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. Country working life, even if retired)	CITIZEN OF WHAT OUNTRY?
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sath certific attending I srmit. Ther n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes nive war or dates of service)	
eath atte	No 214-22-3512 Mr. Russell Miller J5 Oberlin	lt. Md. 4
÷ ÷	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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aw requires that the the distribution of the business as the busial-tranprior to busial, cre	cause (a), stating the DUE TO underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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PHYSICIAN: The thospital or this certificate defacted for Lee Dept. of Head	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	3.)
PHYSICI the hos this ce detache detache		unty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Co factory, street, office bidg., etc.)	(00000)
⊒ ♥ ♥ ₩ ₩ ₩		Z, that (I) (we) last
ATTENDI P retained RECTOR: A 3 should with the	saw the deceased alive on CCF 7 19 7, and that death occurred at 8 8 M, from the causes and on the causes and on the causes and on the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are considered at the causes are caused at the causes are considered at the causes are considered at the causes are considered at the c	
DR ATTE be retail IRECTOI ge 3 sho	ATTENDING - MED STAFF -	DATE SIGNED
SPITAL OR 4 may be ERAL DIR cor, page died be filed	22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	120/0/
NER JE DE	NAME (Type)	
TO HOSPITAL OR ATTENING Page 4 may be retaine to FUNERAL DIRECTOR. director, page 3 should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	Burial 10/21/567 Loudon Park Balt. Md.	IZE CIONATURE
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20M 1/65	Wm. Cook Brooks Towson, Inc. Balt. Md. 4 DATE O 1301	10

. 11.

D	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	LAND
	4 487£	CERTIFICATE OF DEATH	362
	hours after death. d in by the funeral fs. Pages Pand 2 f hours after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY	before admission)
	the fu	Baltimore MARYLAND Md.	
	rs afte by the Pages urs afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ve nearest town)
	ours in b hour	Towson (Rural) White Hall	1 J 1
	filled appers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
	thin the same	Greater Battimere Heatest Control	YES NO
	be executed within 24 hours sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours	3. NAME OF First Middle Last 4. DAVE Month Day DECEASED DF	Year
	completel ve carbon event, wii	(Type or print) John Wesley William DEATH O 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR)	19 67
	d co	last birthday) Months Days	Hours Min.
	execut and c remov n any e	Male Negro WIDOWED DIVORCED 9/20/47 20 yrs. 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT
	be cian ase nd ii	during most of working life, even if retired) INDUSTRY	
	icate be e physician en please r al, and in	None Da/t/None, Md. 7/15, 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	17.
	certifica nding pt Then remma		
	eath certifica attending ph ermit. Then pon, om remmal	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	
	ath atte rmit n, o		
	the tree	Patient's Chart INTE	RVAL BETWEEN
	The law requires that the death certificate be or attending physician. Tate has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, on remmal, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory insufficiency	ET AND DEATH
	that licia ned al-tra	/ S X DUE TO	
	phys sig suria	Conditions, If any, which \ m Metastatic carcinoma to lungs	
	ing ing een he b	gave rise to immediate cause (a), stating the DUE TO	
	w requires that tending physician, as been signed b as the burial-transitor to burial, cre	underlying cause last.) (c) Carcinomatosis, primary site undetermined	
	e la e ha e ha th p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
		NE YE	S NO
	A T P TO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYSICI ne Nos this ce etache Dept.		(State)
	Eet tee	Hour a.m. While Not While factory, street, office bldg., etc.)	(State)
	DING PF They they they they do be de de de de de de de de de de de de de		
	OR ATTENDION DE retainell INECTOR: A second de 3 should ed with the 6	21. I certify that (I) (this hospital) attended the deceased from 9/16, 1967, to 10/11, 1967, the saw the deceased alive on 10/11 19.67, and that death occurred at 1.50M, from the causes and on the date	
4	reta reta Scro sh with	1 22h DATE CII	GNED
	Dine Dine Se 3 Se 3 ed v	228. SIGNATURE (July E, Aclan M.D. ATTENDING MED. am STAFF DIRECTOR PHYS. Q	
	PITAL 4 may ERAL D	22c. PHYSICIAN'S 22d. ADDRESS	
	SPI NER Id b	John E. Adams, M.D. 679! N. Charles Street	
	TO HOSPITAL OR ATTENDI Palle 4 may be retainell TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 's	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
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	VR A15 (4) 20M 1/65	Randolds J. Collick 2431 E. Oliver St. DATE OCT 1 3 1967 Charles	Judge .
		7 0	/ 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY a. STATE ANNE ARUNDEL BALTIMORE MARYLAND MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, PASADENA 99 DAYS e 15 RESIDENC d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? VETERANS ADMINISTRATION HOSPITAL OLD MILL RD. BOX #25 YES: NO Middle 4. DATE Manth Day Year First Last 19 67 OCTOBER 28 CLINTON TARR WITHTAMS (Type or print) DEATH IF UNDER YEAR 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jost birthdoy) Months Doys Hours 2/11/96 WHEN THE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? DRY GOODS during most of working life, even if retired) U.S.A CUMBERLAND. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JANE PHILEIPS HENRY J. WILLIAMS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service 61 CLINICAL RECORDS VAH. FT. HOWARD MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RECENTEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave BRONCHOGENIC CARCINOMA RIGHT LUNG UNKNOWN rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) EMPHYSEMA, LUNGS. ARTERIOSCLEROTIC HEART DISEASE YES X NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (County) (State) 20d. INJURY OCCURRED (City or tawn) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour 'a.m. Nat While of work at wark 1967 28 , 1967, that (we) last 21. I certify that (this haspital) attended the deceased fram SULY saw the deceased glive as OCT 28 1967, and that death to and that death accurred at 8:00RM, from causes and on the date stated above. saw the deceased alive on. 22b DATE SIGNED 220. SIGNATURE) DIRECTOR 22d ADDRESS

within 24 hours after death 8 uog Ten requires that the death certificate be executed 00 any physicion a nen please 5 prior to 105 certificate ATTENDING DIRECTOR: filed director, page should be filed TO FUNERAL

a. COUNTY

NAME OF

S. SEX

DECEASED

MATE

22c. PHYSICIAN S

23a BURIAL CREMATION,

BALTIMORE NATIONAL 24 FUNERAL DIRECTOR ADDRESS

23c NAME OF CEMETERY OR CREMATORY

NAME (Type) GEORGE BUDAS, M. D.

23b. DATE THEREOF

(County)

23d LOCATION (City or Town)

VAH FORT HOWARD, MARYLAND

250. REC'D BY REGISTRAR

3650

CERTIFICATE OF DEATH

13861

						- 171111
PLACE OF DEAT	1			- CTATE	(Where deceased lived, if institution Resid	dence before admission)
B. COUNTI	ALTIMORE		MARYLAND	o. STATE	MARYLAND b. COUNTY	
b. CITY OR TOW	N (If outside corporate limits,		c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and g	give neorest town)
FORT H	ond give nearest town) OWARD		219 DAYB	RA.	LITIMORE - 21216	¥
d. NAME OF HOS	P TAL OR INSTITUTION (If not	in hospital, g	rive street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?_
VETER	ANS ADMINIST	RATION	HOSPITAL	2016 RUXIO	N AVENUE	YES NO
3 NAME OF DECEASED	Firs	t	Middle	Lost	4 DATE Month	Doy Year
(Type or pnnt)		MER	C.	WILLIAMS	DEATH OCTOBER	- 1/
SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF JND) Ast birthdoy) Months	ER 1 YEAR IF UNDER 24 HR
MALE	NEGRO	MIDOMED	DIVORCED	4/9/93	y13.	
10o. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY		, , ,	CITIZEN OF WHAT
TONG I NOW	R		OD MARKET			COUNTRY?
13. FATHER S NAME				14. MOTHER'S MAIDEN		
	WILLIAMS				H WALKER	
15 WAS DECEASED (Yes_no_or unknow	EVER IN U.S. ARMED FORCES? n) I(IE ves give wor or dotes of	service) 16. S	SOCIAL SECURITY NO. 17	INFORMANT	Address	WOMADD AD
YES	WW I	218	05 56 88	CLILR. RECURDE	s, va hospital, ft	HUWARD, MD.
	DEATH (Enter only one cous		1 1. 1 1			INTERVAL BETWEEN
PAR! I U	EATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PUL	MONARY TUBERC	ULOSIS, FAR	ADVANCED, ACTIVE	UNKNOWN
*.	300					
	into couse (a)		erioscherotic	HEART DISE	<u>usig</u>	UNKNOWN
stating the un	derlying couse					
last.		(c)				The man autonom
PART II OTHER	_				ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PEREORMED?
J	ic brain syn				LITUS, CLINICAL	YES A NO
206. ACCIDENT \ CR CONTRIBUTI	NAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRE	U (Enter noture of injury in	Port I er Port II of item 18.]	
(IF EITHER, NOT	FY MEDICAL EXAMINER)		hinu addunnen	tore of which he	L par (c)	
20c TIME OF Hour		20d It While		LACE OF INJURY (Home, for octory, street, office bldg., et-		County) (State)
	p.m. 19	at worl	c □ of work □	1.11	10.16	
			ded the deceased fram_	3/3/67	19 10/8/67 1	9, that (1) (we) !
	deceased alive on	40\Q\p	719, and th	ar death occurred o	19:10AM, fram causes and on	
220. SIGNATU	(cler)	free	am	ATTENDING	MED. STAFF	10/9/67
22c. PHYSICIA	N'S	7		M.D PHYS. L	DIRECTOR L PHYS X	70/2/01
NAME (Ty		JUVAN,	н. D.	VAH FY	ORT HOWARD, MARYLA	ND O
230. BUR AL, CREMA	ATION. 23b DATE THE	REDE	23c. NAME OF CEMETERY O	P CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL ISDE BURIAL			BALTINORE		BALTIMORE, MAI	4 44 4
24. FUNERAL DIRE						
S. I DIENE DIAL	197		MORTEN & DYE	et funeral h	D BY REGISTRAR 351 - REGISTRAR	maries Just
						4.5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 73 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67 .

.4	2	13	C	af
matrical	1	5	O	١

CERTIFICATE OF DEATH

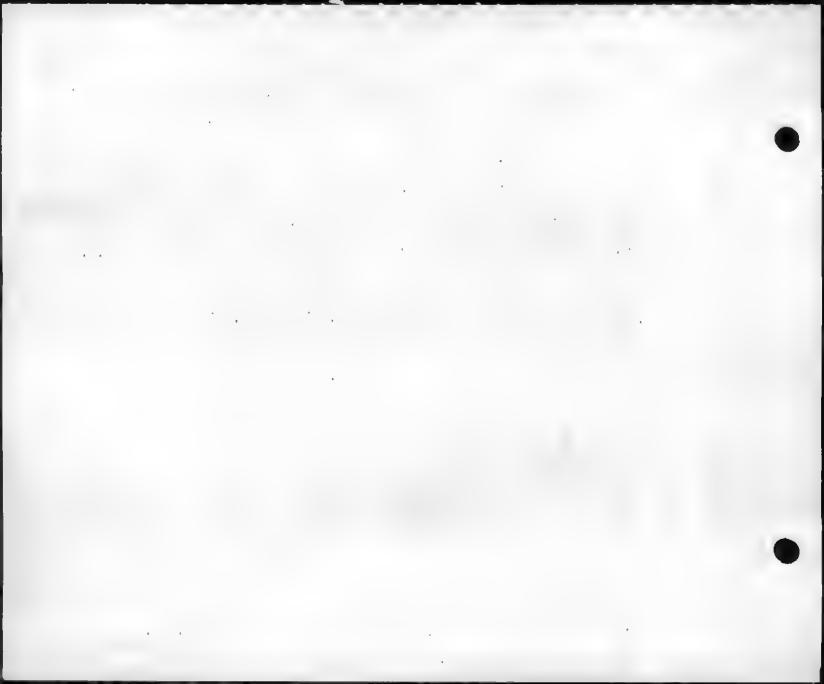
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		PLACE OF DEATH D. COUNTY	Saltimore			MARYLA	MD	2 USUAL RESIDENCE (N	Where deceased liv	red, if institution b. COUNTY	Residence p	pefore admissi	an)
	Ь	o. CITY OR TOWN (write RURAL and	lf auts de carparate lim 1 give nearest tawn)	ls,		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou Rodgers#		nits, write RURAL	and give ne	orest town)	
_	d	I, NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hi	osp tal, g	ive street address)		d. STREET ADDRESS				e, IS RESI ON A F	DENCE
		20	Murdock R	d.				20 Mur	dock Rd.				NO X
	[NAME OF DECEASED Type or print)	Leo	irst nar	d	Middle C.	Wi	lost Ison	4 DATE OF DEATH	Month 10		Day Ye 18 19	or 67
	5 5	SEX	6 COLOR OR RACE	7 M	ARRIED	NEVER MARRIED		DATE OF BIRTH			Manths Da		R 24 HRS
	M	lale	White	WI	DOWED	DIVORCED		Oct.18,1897	7	O yrs.			1 19/111
	10o durii	na mast of working	f (Give kind of work done life, even if retired) accountant		10b, KII INI	nd of Business or Dustry Can Co		11. BIRTHPLACE (County Ottawa	& State, or foreign Canada	•	12 CITIZEN COUNT U, S	N OF WHAT RY? S.A	
	13.	FATHER'S NAME						14 MOTHER'S MAIDEN I	NAME				
1		J	ohn Wils	onn				UNK.					
	IS (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of servi	16. S	SOCIAL SECURITY NO	17, I	NFORMANT		Address			
L	(10.	No	(ii yes give wor or dates	01 30.41	1	08 10 1511	Mr	s. Viòlette	J. Wils	on 20 M	lurdock	c Rd.	
		PART I. DEA'	EATH (Enter only one co IH WAS CAUSED BY. IMMEDIATE CAUSE DUI	(a) TO	A	ente My		ROIAL IN	FARETT	0N		ONSET AND I	DEATH
	(conditions, if ony, which gove insert of immediate cause (a), stating the underlying cause lost. (b) ARTERIOSCIERONE C.V.D (c)											7.5	
).	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES \(\sum \) NO \(\sum \)											
	MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)					Enter nature of injury in					
	MEDIC	20c TIME OF INJU Hour o.r p.r	10		20d IN While at wark	Not While		E OF INJURY (Home, farm ary, street, office bldg., etc.)		y or town)	(County)	(State)
		21. I certi saw the d	fy that (I) (th is ho eceased alive on_	spital) OCA	-attend	led the deceased fr 19 <u>67</u> , an	am id that	death accurred at	1965 to 0	cr 18 om causes ar	, 19 <u>6,/</u> id an the	, that (I) (date state	we) last d abave.
ł		220. SIGNATURE	AHI	w	la		M.E	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE:	SIGNED -	67
1		22c. PHYSICIAN'S NAME (Type)		NA	BL	JR MI)	22d ADDRESS 2215 4	b.ek Rd	1. Bai	TROR	U MO	
	23a.	BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b DATE TH		67 .	23c, NAME OF CEMETE Parkwood		meterv	Balt	ON (City or Tawn)) (Cou	unty) (S	itate)
	m	FUNERAL DIRECTO		W	Hor	AL 6500 VO	rk.	Pare OC	D BY REGISTRAP 9	67 25b. 2505	RAR'S SIGN	ATURE	L .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, wi Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw equires that the sath certificate be executed within 24 Hours after Leath

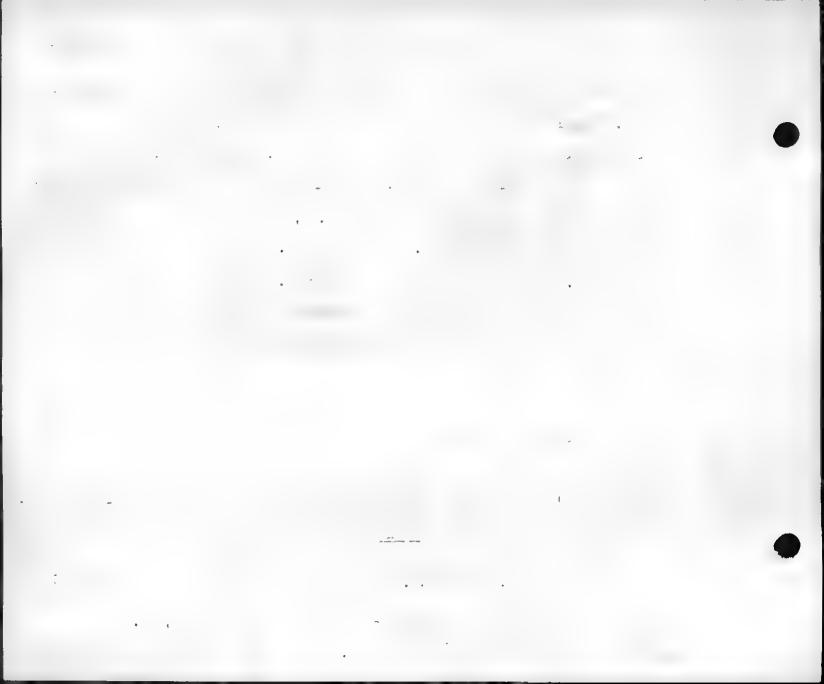
within 72 hours a



* 3562

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FUR STATE [1/]	MEDICAL EXAMINER & CERTIFICATE OF DEATH	
HEALTH DEPT.	7 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if inst	
at ge t	o. COUNTY Baltimore Maryland Maryland b. (CV	Baltimore
delay 14 and 3 ta 13. Page ment af	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write	
delo and M3. 1	write RIIRAL and give nearest town)	
i 2, and 3 i, 2, and 3 m PM3. Pa	Ft. Howard Essex (21) d NAME OF MOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS	C 3 - 1
Del Del		ON_A_FARM?
S 0	Fort Howard Hospital 215 A. Woodvale Road	YES NO
Start Start	DECEMBED	onth Doy Year
a de de	(Type or print) WILLIAM A. WILSON, JR DEATH OCT	ober 31, 1967
after death 8. Give Page along with with the Stat	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED Aug. 2, 1895 72 yrs	Months Doys Hours Min
24 haurs on them 18 ser's Office of ser land 2 value after death	100 USUAL OCCUPAT DN (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRT-PLACE (State or foreign country)	12 CITIZEN OF WHAT
24 h In the r's O r's O ss To	during most of working life, even if retired) Stationery Engineer Steel Co. Tenn.	USA COUNTRY?
thin 24 mod in miner's pages urs afte	13. FATHER'S NAME 14. MOTHER'S MA DEN NAME	
wrthin pench xamine ule pag haurs	Namer E Thomas	
Exa Exa File	William A. Wilson Nancy E. Thomas IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT AG	ldress
ted ral ral rat.	(Yes, no, or unknown) (If yes give wor or dates of service)	
id be executed within 2 rd "pending" in pencil Chief Medical Examiner trans i permit. File page: event within 72 haurs al	Yes WW1 213 07 0310A Margaret McWilliams Sam	
ex Fat	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
be "pe href ans	IMMEDIATE (AUSE (a) _ Massive Pulmonary Embolism	0.000
	DUE TO	
shoul war the urial- any	Conditions, if ony, which gave (b) (b)	
a> ÷ + =	stoting the underlying couse DUF TO	
fication of the condition lost. (t)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY
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늘ㅋ 즉ㅂ	Fell and sustained injury to left him	
INIE: e certi' shauld files. 3 shaul	5 20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or lown)	
表古る古の日	Hour am While Net While '- fortony street office hide etc.)	Baltimore, Md.
X 5 5 > ~ ~ ~ ~ ~ ~ ~ ~	pm. 7727 of work a of work	
= × - 4 6 6		rquiry 🔲, ond in my opinion
ctar, Proceed for the form of the form of the form of the formal, burnal,	deoth resulted from: Notural couses . Accident K., Suic de ., Homicide ., Undetermined	manner
METC. please e director retained DIRECT Ir ta bur	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
0	SIGNATURE MD ASSISTANT MEDICAL EXAMINER LA	
EPUTY MESTA Sssary, please e funeral director ay be retained INERAL DIRECT	EXAMINER'S Werner U. Spitz, M.D. DEPLTY MEDICAL EXAMINER	10/31/67
TO DEPUTY INCESSARY, P The funeral S may be reformed. The funeral Health priar	Madress (Street, City, Town, or county)	
O D D D D D D D D D D D D D D D D D D D	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of PERMOVAL Concrete)	, , , , , ,
	Burial Specify 11/4767 Loudon Park Cemetery Baltimore,	
VR ATSME (SE	AND THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND S	REGISTRAR'S SIGNATURE
6M 1/67	Pruzdzinski Funeral Home 1407 Eastern Ave. DATE NOV 2 1967	Milantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

11.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIF	ICATE	OF DEATH				1366	19
	PLACE OF DEATH					2. USUAL RESIDENCE (Where dec			e before admiss	an) /
	e (OUNTY Baltimor	2.0		MARY	1AND	west Virgi	ทร์อ	p (0)	JNTY		J
_	b. CITY OR TOWN (If outside carporate limit	3,	c. LENGTH OF STAY II		c CITY OR TOWN (If o.		arate limits, write R	URAL and give	neorest town)	
	write RURAL on TOWSON	d give nearest town)				Welch					
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	it in haspital, g	ive street address)		d STREET ADDRESS				e. IS RES	DENCE
		oh Hospita			}	68 Maple	Tonn	200		ON A I	NO T
3	NAME OF	Fi	rst	Middle		lost	4 DAT		nth		dr
	(Type or print)	Da				WOOD\$	OF DEA	TH Octo	han	20 6	7
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTHIL	J. Den	9 AGE (In years	IF UNDER 1	YEAR IF UNDE	R 24 HRS
1	3/-3 -	Tille 2 de a	WIDOWED	DIVORCED	H	June 5, 194	(7)	lost birthday)	Months	Doys Hours	Min.
100		White N (Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	y & Stote, or		12 CITI	ZEN OF WHAT	
ปะเท	ring most of working	life, even if renred)	City	pu Mäll- Welc	h,W.	Va. Mari		Virginia	(GA	NISY?A.	
13.	. FATHER S NAME					14 MOTHER'S MAIDEN	NAME				
	Leo	nard Wood				Margie G	lass				
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	lress	-	
(1)	es, no, or unknawn) No	(If yes give war ar dates o	23	35-62-9094	Le	onard Wood	We	lch. West	. Viroi	nia	
		EATH (Enter anny ane cau	se per line for	(a), (b), and (c))						INTERVAL BE	
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE	(a) C	ongestive	hear	t failure				ONSET AND	DEATH
	2/2/	DUE	TO								
	Conditions, if ony		(b) H	ypertensiv	e ca	rdiovascula	r dia	sease			
	rise to immediate										
	iost)	(c)C	hronic glo	meru	lonephritis					
25	PART II OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	INDITION G	IVEN IN PART 1(0)		19. WAS AUT PERFORA	OPSY AFD?
SATIC										YES 🕮	NO 🗌
MEDICAL CERT F CATION	20g ACCIDENT WA		205. DE	SCRIBE HOW INJURY OF	CURRED (Enter nature of injury in	Port I or	Port II of item 1B.)			
133		G (CAUSE OF DEATH MEDICAL EXAMINER)									
DICA	20c. TIME OF INJ	URY Month, Day, Yeor		JURY OCCURRED		E OF INJURY (Home, far		(City ar town)	(Cou	nty)	(State)
ME	p.	1.0	While at work	Nat While	1000	ary, street, affice bldg., etc.	.)				
		ify that 🕮 (this has		ded the deceased	framSe	ptember 27	19.67	, toOctober	20 196	7, that 🗱	(we) las
		leceased alive an 🔾	ctober	20_1967.	and that	death accurred at	4:20	M, fram causes			d abave
	22a, SIGNATURE	, ,				ATTENDING	MED	STAFF 6		TE SIGNED	
	C)	and of	m~		M.C	22d. ADDRESS	DIRECTOR	PHYS.	X 11/2	0/07	
	22c. PHYSICIAN'S NAME (Type	Lawrence	F. Mis	anik, M.D.	,	7620 York	Rd.	. Towson.	Md. 2	1204	
00.	PUDIAL CREMATE			23¢ NAME OF CEME							Cantal
Z30	o. BURIAL, (REMATI REMOVAL (Specifi Urial-Tra	ON, 23b. DATE TH			-			LOCATION (City or 1	,		State)
2	urlal-Tra	ansit 10-2	2-67	Yeager M	emor		D BY REG!	oadefield	REGISTRAR'S SIG	GNATURE	d.
		-Wiedefeld	Home, I		Tork			4 1967	Milean		Lat.
	Baltimor	o, Md. 212	12			DAIL			<i></i>	-	

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and completely fairector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, with Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

by the funeral Pages 1 and 2

4illed

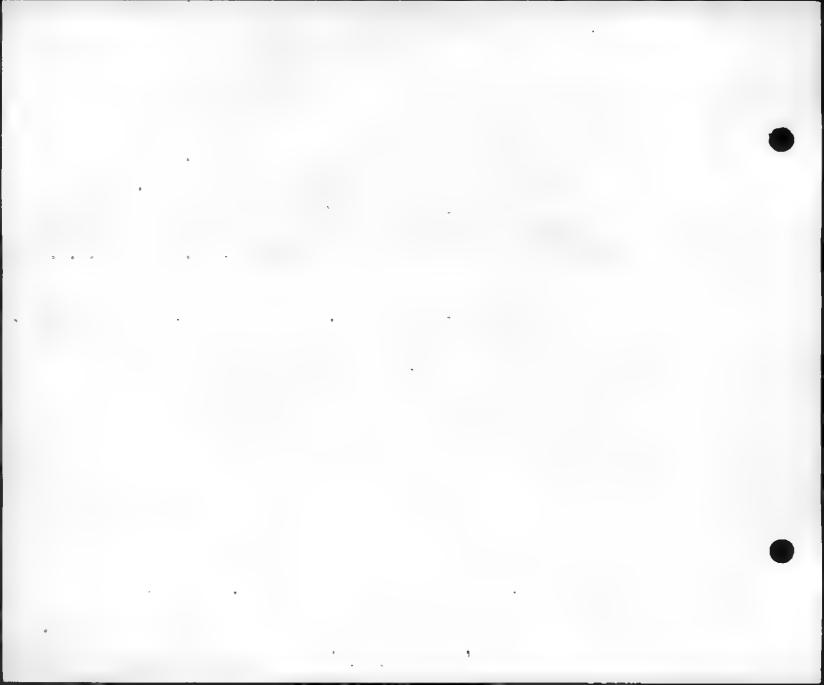
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VR A15 (4) 20 M 1/66



CERTIFICATE OF DEATH

					U	EKIIFIUA	ALE	OF DEATH				1-St	1:00	
dend		LACE OF DEATH						2. USUAL RESIDENCE (Where dece	ased lived, if institut	ian: Residenc	e before	dmission) /
a EF		Bal	timore			MARYLAND	}	Mary	land					
E E 87		. CITY OR TOWN (I	f autside carparate limit give nearest town)	S,	c. LENGTH (OF STAY IN 16		c. CITY OR TOWN (If a	itside carpa	rate limits, write RUI	RAL and give	nearest l	awn)	
by au		Towson							imor	°e				
4 h	1	I. NAME OF HOSPITA	AL OR INSTITUTION (IF no	at in hospitol, i	give street odd	iress)		d. STREET ADDRESS				6	IS RES DEI ON <u>a</u> far	NCE M2
in 24 Filled II paper hin 72			<u>eako Manc</u>					Wyman Pa				YE.		10 3c
bed with		NAME OF DECEASED		irst		ıddle	7.7	Last	4. DATE	0 - 1-		Day	Aear	10
mpler va.cgrl event,	S.	Type or print)	Gertru		C.			ight DATE OF BIRTH	DEAT	9. AGE (In years	I IF UNDER 1	VEAD TI	FUNDER 2	67 M HDS
completed over cont.	3. :	F	o. COLOR OR RACE	7. MARRIED WIDOWED		MARRIED [۱°.	/15/1886		lest birthday)	Months		Hours	Min,
and a	1ຄວ	_	(Give kind of work done		IND OF BUSINE		1]0	11. BIRTHPLACE (County	P State or	/	12 CIT	IZEN OF V	VHAT	
ate be ician a lease andin		ng mast af warking l	ife, even if retired)		IDUSTRY			, ,			COL	JNTRY?		
physician (physician (nen please laval, and i	13.	FATHER'S NAME	ewife		Own_	Home_		Baltimo	NAME ,	Md.		I.S.	A	
phy en a				Feick					know	m				
e death certif attending phy permit. Then on, ar remava	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECUR	ITY NO.	17 IN	IFORMANT		Addre	ess			
attendi attendi permit. ion, ar r	(Уе	s, no, or unknown) No	(If yes give wor or dates		2-48-4	KOO V	[ma	Frank Sv	and mo	eton 10	3 0770	mh f	ם כו	24
		18. CAUSE OF DE	ATH (Enter only one co				<u>, , , , , , , , , , , , , , , , , , , </u>	· / · · · · · · · · · · · · · · · · · ·	R	<u> </u>	3 UVE	INTER	VAL BETW	EEN
that that that the by the ransit cremat		PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(a) (Q	sel		2	ruson	000			ONSE	AND DE	AJH.
N (5 7 T T)		743 X	DUE					o cerd	,		len		-	1
hysing and nurial urial		Conditions, if ony, rise to immediate	e couse (a)	(b)22	more	arec	لسدي	o colored		78 5 6 6		15	-	1
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문 글 중 중 근 📑	NOU	PAKI II. UIHEK SI	SMIRICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOI KELAIED	10 18	ie terminal disease co	MURRON GI	VEN IN PAKI (0)			ERFORMED)?
AN: ol or reate far us Healt	CERTIFICATION	2Do ACCIDENT WAS	UNDERLYING	20h DI	ESCRIBE HOW	INITIRY OCCUR	RED. (Enter nature of injury in	Port Lor P	Port II of item 18.)		1 113		<u>, П</u>
ptd far far far far far far far far far far	CERT	OR CONTRIBUTING		200.0										
has ce ache ept.	MEDICAL	2Dc. TIME OF INJU	IRY Month, Day, Year	20d I	NJURY OCCURE	RED 20e		E OF INJURY (Home, for		(City or town)	(Cou	inty)	(51	tote)
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by be Store			y that (I) (this has				n 7	-118.	9.5	to 10/8	195	_/tho	(I) (w	e) lost
ould the			ceased alive on		7_196	and	thot	deoth accurred of	3/2	M, from couses	ond on th	e dote	stated	above
AT She with with with with with with with with		720. SIGNATURE	. (0)	63				ATTENDING	MED	STAFF -	22b. DA	TE SIGNED	1	· group
OR be 1 DIRI	-	Halles		year.			M.D	PHYS LET	DIRECTOR	LJ PHYS L	11/0	12	(6)	
		22c. PHYSICIAN S NAME (Type)	Dr	Willi	am Re	nner			it. I	Paul St.				
4 A B P P	230	BURIAL, CREMATIC				OF CEMETERY	ORC			LOCATION (City or To	wn)	(County)	(Sto	rte)
	130	REMOVAL COECTLY Burial		1967		udon				ltimore	,		, Md .	
		FUNERAL DIRECTO	R		ADD	RESS		25a. REC	D BY REGIS	TRAR 2Sb. R	EGISTRAR'S SI	GNATURE		
VR A15 (2) 25M 1/67	H.	W.Jenki	ns & Sons	GO,	4905		Rd	DAOC	110	1967 /	Harl	By you	age	
Al.					- Roll	TiO 4 1 7	-	40					-2.5	



13063

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13670

	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)							
	o. COUNTY Ba	ltimore		MARYL	AND	o. STATE Maryland b. COUNTY							
-	b (ITY OR TOWN (f outside corporate limit:	5,	c LENGTH OF STAY IN			itside corparate limits, write i	RURAL and give in	nearest town)				
C	atonsvil	give nearest town)		2 mths7d	lays	Baltimore			a _{nge}				
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	st in haspital, g			d STREET ADDRESS	*		e S RESIDENCE ON A FARM?				
8	pring Gr	ove State E	lospita	1		Homeless			YES NO				
	NAME OF DECEASED	Fi	rst	Middle		Łast	4 DATE Me	onth	Day Year				
L	(Type or pnnt)	Edwa	urd		Y	oung	DEATH (ctober	7 1967				
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (in years Jast birthday)	F UNDER 1 Y					
	Male	White	WIDOWED	DIVORCED		?	60? y's	INGINIS L	ays Haurs Min.				
10a	USUAL OCCUPATION	(Give kind of work done	10b KII	ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar foreign country)		EN OF WHAT				
aur	nd most of working	ille, even it retired)	IN	DUSTRY		7		?	ITRY ?				
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME						
	?					?							
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f service) 16. S	OCIAL SECURITY NO	17. 1	NFORMANT	Ad	dress	_				
1,,,	s, na, ar onxnowny	In ter dire noi or onies o	3011100)	?	R	cords: Sp	ring Grove St	ate Hos	nital				
		ATH (Enter only one cau	se per line for	(a), (b), and (c).)					INTERVAL BETWEEN				
	PART 1 DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	Gast	rointesti	inal	Hemorrha	ge, acute,	site	ONSET AND DEATH				
	/ /	DUE	to Unde	termined,	, ch	aracteriz	ed by mass:	ive					
	Conditions, if any,	, which gove)	(b) rect	al bleedi	ing.	Suspect	carcinoma						
	rise to immediate cause (a). stating the underlying cause DUE TO												
	lost. (c)												
2							NDITION GIVEN IN PART 1(a)		19 WAS AJTOPSY				
ATIO	Azotem	ia, malnu	triti	on, chron	ic	alcoholis	m.		PERFORMED? YES NO [X]				
III.	20a ACCIDENT WAS	JNDERLYING					Part I ar Part II of Item 18.)						
MEDICAL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)			,	. ,							
1g	20c TIME OF NJ.	JRY Month, Day, Year	20d !N	JURY OCCURRED		E OF INJURY (Hame, farm		{Count	(State)				
MED	Hour 'a.r	n,	While at work	Not While	focto	ry, street, office bldg., etc.)							
					ram.	lugust 31	967 , ta Octobe	r 7. 1967	, that XO (we) last				
	saw the de	eceased alive an	Oct 7	19. 67 , ar	nd that	death accurred at	1:33M, from cause	s and an the	date stated abave.				
	220. SIGNATURE	1/11	1	Maria		ATTENDING -	MED STAFF	22b. DATE	SIGNED				
	(desite		elessy	Milo.	M.D	PHYS.	DIRECTOR PHYS.	2					
	22c. PHYSICIAN-S- NAME (Type)	Anthony T	(35 O117	ng. M.D.		22d ADDRESS S	pring Grove S	state Ho	spital				
							lle, Maryland						
230	BUR AL, (REMAT C			23c NAME OF CEMET		. //	23d OLATION Kity or	Town)) A (C	ounty) (State)				
	Dun	21001	3 1967		Illu		1000 redu	ich Kiro	el Pallo M				
2,4	. FUNERAL DIRECTO	P DI	1 10	ADDRESS		DATE OC	BY REGISTRAR 1967	REGISTRAR'S SIG	NATURE				
1 8	11/2/11/00	1 11140 20 V/E	04.0 /2	16 S Chay	20 0	TRO DATE	TO JOOK	1	A Sand				

TO HOLFITAL OF AFTENDING PHYSMIAN: The law maying that the anoth certificate be executed within 24 flours ofter dooth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 arch should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event; within \$2 hours after death. Page 4 may be retained by the hospital or ottending physician.

> VR A15 (4) 25M 1/67



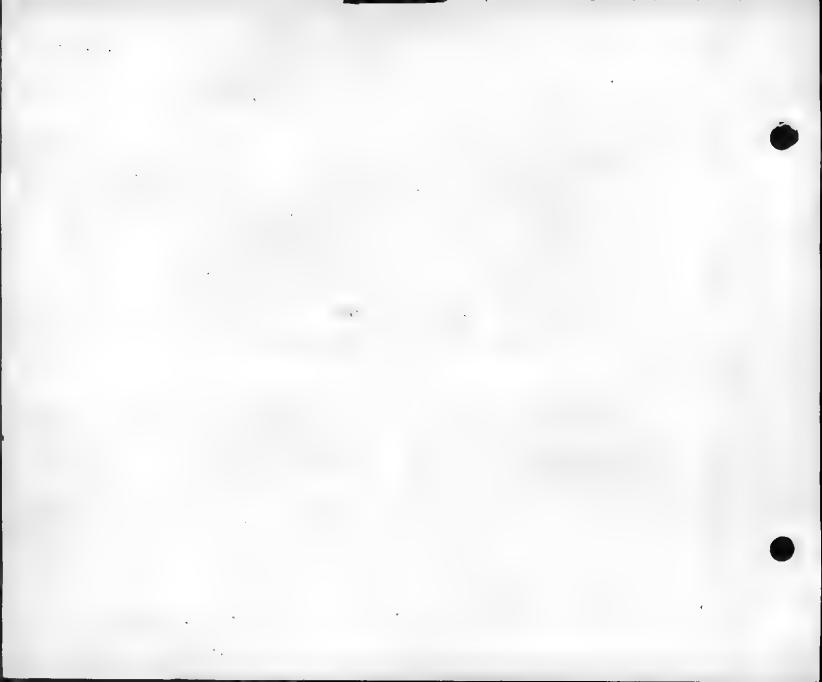
		13067	CERTIFICATE	OF DEATH	13671
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived	
		· COUNTY BAltimore	, MARYLAND	O. STATE MARY/AND	BAltimore
	ŀ	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF outside corporate limits	, write RURAL and give nearest fown)
		CATANSVILLE		Hrbutus	
9		d. NAME OF HOSPITA, OR INSTITUT ON (If not in he	osptal ive street address) Pines N.H.	5210 Leeds Av	e ,S RES DENCE ON A FARM? YES NO
		NAME OF First	Middle	Lost 4 DATE	Month Doy Year
	(OECEASED (Type or print) FRANK Z	ACCORI SR	OF DEATH / C	19 1967
į			ARRIED NEVER MARRIED B	DATE OF BIRTH 9 AGE (1	
	JY.	TALE White WI	DOWED DIVORCED .	2/25/84 83	rthday) Months Doys Hours Min.
	10o	USUAL OCCUPATION (G ve kind of work done ing most of working life, even if retired)	IOD. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign cou	ntry) 12 CITIZEN OF WHAT COUNTRY?
	1	GESTAURANT	Self Employed	17614	4.5.4.
	13	FATHER S NAME		14. MOTHER'S MANDEN NAME	
	30	WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 17 IN	HORMANI CICEY	0
	(Ye	es_no_ or unknown) (If yes give war ar dates of servi	(e)	a marie	2412 - 1/2 1 Pl -1
		1B. CAUSE OF DEATH (Enter only one couse per	217-32-7854 MA	hna Laccasci 313.	2Westland Blud
		PART I DEATH WAS CAUSED BY.	F. (1), (0), and (c))	ainht scame	ONSET AND DEATH
		1964 IMMEDIATE CAUSE (6)	110000000000000000000000000000000000000	17	
		Conditions, if any, which gave) (b)	melistasis		manters
		rise to immediate couse (a), DUF 10			
		last (c)	·		
	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT I(a) 19 WAS AUTOPSY PERFORMED?
3	CATION	DO ACCIDENT WAS INDEDIVING FO	AND DESCRIPT HOW SHIPPY ASSURABLE A		YES NO
	CERT	200 ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ZUB DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of ite	aw is)
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f (City o	r town) (County) (State)
	MEDICAL	Hour om. 19		ry, street, office bldg., etc.)	(303.0)
		21. I certify that (!) (this haspital)		Grad 1967 to 0	of. 9 1967, that(11)(we) las
				7	causes and an the date stated above
		220 SIGNATURE	7 11.	ATTENDING MED. ST	TAFF 226 DATE SUCNED
		Milbery J.	Derickos MD.	PHYS. L DIRECTOR L PI	HYS. L
		22c. PHYSICIANS Herbert	J. Levickas	270 4 East	Drive
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d LOCATION ((City or Town) (County) (State)
	R	3 REMOVAL (Specify) 10/13/6	7 Holv Reedem	or Cometary Balto	. Maryland
1	24	FUNERAL DIRECTOR	D ADDRESS	250 RECO BY REGISTRAR	25b. REGISTIAR'S SIGNATURE
	10	mercel ma 1328 XINX	chier so. 86.	DATE OCT 1 6 198	I deventa Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon pagers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72 hours after death.

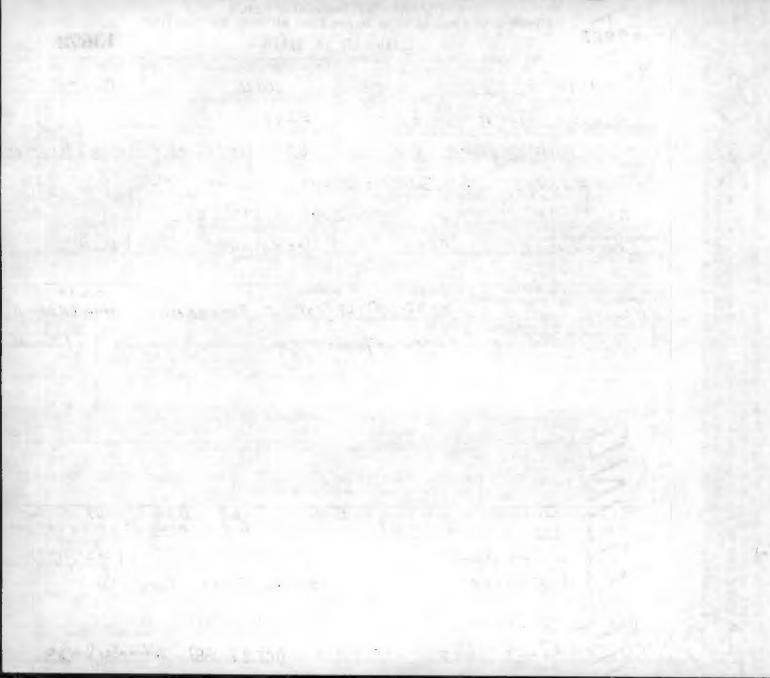
VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13672 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY LTO MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 6 Mo ESSEX requires that the deoth certificate be executed within 24 hour MIDPLE Hed in odpers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 NO Z YES NAME OF Middle Month Lost Doy Year DECEASED ZIM MERMAN PCT 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Months Doys Hours Ony WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? GERMANY BREW MASTEL USIZ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parent. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2230 (Yes, no, or unknown) (If yes give wor or dates of service ERNEST ZIMMERMAN UNK 18. CAUSE OF DEATH (Enter only one couse per lingsfor (a), (b), and (c). INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse the has been lost. 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not White of work of work 19 6 7, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from P 19 6 / and that death occurred at Z P M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on. 22o. SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) GOLDEN RINE 6402 director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) GARDENS OS- FAITH BALTO. MO 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 300 MACE 25M 1/67 G. CONNELLY SONS



13863

CERTIFICATE OF DEATH

13673

17	7000	10	47 4100000	CEKTILI	CAIL	VI DEATH	E .		-		2 76 15	
	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceos	ed lived, if institu	rtion: Residen	ice before	e odmissio	n)
	D. COUNTY	ltimore		MARYL	AND	o. STATE Man	vland	b. COL	INTY Be	1 1:1	more	A
	b. CITY OR TOWN (If outside corporate limits	i,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If or	A					
	write RURAL one	give neorest town)				Baltim					03	2-1
ł	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, a	ive street oddress)		d STREET ADDRESS		_			e. IŠ REŠID	DENCE
		opkins Ro				114 Ho	nkins	Road			ON A FA	ARM2 NO X
1	3. NAME OF	ODKIHS NO		Middle		lost	4. DATE	Mon	ah	Dov	Yec	
١	DECEASED		herine		7.	ipprian	OF DEATH	Octo		16		67
l	(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		. AGE (In years			IF UNDER	- 1
	Ti Ti	W	WIDOWED			May 5. 18		lost birthday)	Months	Doys	Hours	Min.
1	*	(Give kind of work done		ND OF BUSINESS OR	<u> </u>	11. BIRTHPLACE (County	-	76 yrs.	12 (1	TIZEN OF	WHAT	
l	during most of working	life, even if retired)	INI	DUSTRY		, ,			(0	UNTRY?		
I	House 13. FATHER'S NAME	MILE	OWI	n Home		Annapol 14. MOTHER'S MAIDEN		ICI.		I.S.	A.	
ł		am W. Rat		SOCIAL SECURITY NO.	1 17 (6)	Ida Bas	11	Addı				
Ì	(Yes, no, or unknown)	(If yes give wor or dotes o	f service)									
ı	No				LA1:	fred I. Z	ippri	an	(Sa	une)		
ı	18. CAUSE OF DI	EATH (Enter only one cou IH WAS CAUSED BY:	se per line for	(o), (b), ond (c).)		_					ERVAL BET	
ı	77.20.01.01	IMMEDIATE CAUSE		and the same	1	(ober		1		- 5	ha	
ı	G494 W	DUE	10	/ 11	4	0-	4			1		
ı	Conditions, if ony rise to immediat	(algalina	(b)	- D Nes		disea	se-	4		1	4	<u>L 1</u>
١	stating the unde	, 0									U	
ı	lost.		(c)							Tvo		
	FART II, OTHER ST	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO TH					19.	WAS AUTO PERFORMI	IPSY ED?
I	200 ACCIDENT WAY	ankin 50	~ 1		Married Street	,	-	-		YE	S	NO [
ı		S UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCC	URRED. (E	Enter noture of injury in	Port I or Port	fill of item 18.)				
ı		MEDICAL EXAMINER)										
	20c. TIME OF INJE	JRY Month, Day, Year n.	20d. IN While	JURY OCCURRED		E OF INJURY (Home, formander), street, office bldg., etc.		(City or town)	(Co	unty)	(Stote)
	p.r	10	ot work		IOCIO	ry, sircer, ornice biog., etc.	,					
ı		fy that (I) (this box					1963,11	10//	6,196	2/, th	at (I) (+	we) lo
l		eceased alive an	10/1	16 196/, ar	nd that	death accurred at	JA-M	, fram causes	and an t	he date	e stated	abay
ı	220. SIGNATURE	D	1=	(ATTENDING	MED.	STAFF	22b. D.	ATE SIGNI	ED /	
ı	ho	me K.	Tra	ena	M.D.	PHYS. LL	DIRECTOR	PHYS. L	1 10	11	7/6	2_
l	22c. PHYSICIAN'S NAME (Type)	Dr. Nor	man R	. Freeman		22d. ADDRESS	l W.	29th S	t.			
l	230. BURIAL, CREMATIC		REOF	23c. NAME OF CEMETI	ERY OR C	REMATORY .	23d. LO	CATION (City or To	own)	(County)) (S	tote)
ı	REMOVAL (Specify Burial	10/19	/1967	Loudo	n Pe	ark	Ba 7	timore		M	d.	
	24. FUNERAL DIRECTO			4905 Yor			D BY REGISTR	AR 25b. R	EGISTRAR'S S	GNATUR	E	
1	H.W.Jenk			12. Md.		DATOC	T 17	1967	Client	A OF	noge	36
¢												

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4 25M 1/6)

